



LAKE-GEAUGA RECOVERY CENTERS

May 3, 2021

Mrs. Kimberly Fraser
Executive Director
Lake County Alcohol, Drug Addiction and Mental Health Services Board
One Victoria Place, Suite 205
Painesville, Ohio 44077

MAY 03 2021

Dear Kim,

I first want to express my sincere gratitude to you and your staff for all your support, thoughtful consideration, and guidance during these past 14 months. You understood our challenges, advocated for our needs, provided the much needed PPE, and offered words of encouragement and expressions of gratitude to LGRC and our staff. All of these things I am extremely grateful for. We have learned many lessons throughout the pandemic. I will always be humbled by LGRC staff, their resiliency, creativity, courage and dedication. Even though the pandemic may soon be in our rear view mirror, we continue to anticipate and plan for the ongoing need and possible surge in behavioral health services.

We have carefully considered our services to Lake County residents and our request for FY2022. We strive to be conscientious stewards of the Lake County ADAMHS Board dollars invested in Lake-Geauga Recovery Centers, while also weighing the current as well as the projected impact of COVID and Medicaid Managed Care on our agency, our services, our staff and clients. Below I have summarized changes to our request for funding for FY2022, all of which we have previously discussed:

1. **Residential Treatment/Quarantine beds** – Based on the current statistics for the virus in our area, we continue to hold quarantine beds in our residential facilities. While we do expect this to phase out over this fiscal year, we have continued to include this in our request.
2. **IOP Residential/ Board bed days** – An allocation of residential board bed days will help support services for those residential clients who have been lowered to an IOP level of care by Medicaid.
3. **Case Manager Residential** – Due to the expansion of residential services and recovery houses, and the trend of extremely complex issues our clients are presenting with, we are requesting funding for an additional case manager. LGRC currently has one case manager providing services to Oak House and Lake House residents and we are in the process of expanding her role. However the volume of responsibilities and opportunities to impact an individual's successful recovery exceeds a single position. The case manager role has proven invaluable in assisting clients in linkage to other community resources for job training, employment, housing, basic needs, etc. in order to prepare them for transition into either independent living or recovery housing upon discharge.

Overall our request for funding will show an increase of \$67,036.

I'd like to thank you again Kim as I am beyond grateful to you and the Lake County ADAMHS Board for your on-going support of Lake-Geauga Recovery Centers and our mission.

Sincerely,

Melanie J. Blasko, LICDC-CS, LPC-S
President & CEO

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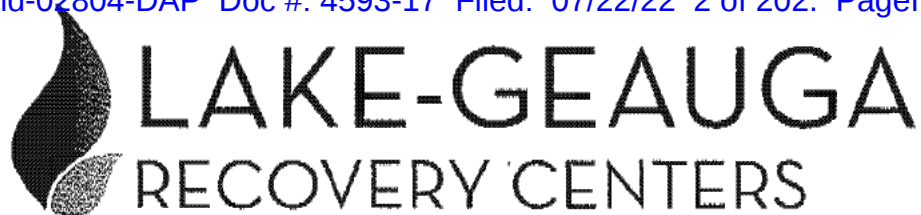


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Request For Proposal FY 2022

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Service Plan (RFP 1-8)

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ORGANIZATIONAL OVERVIEW

Lake-Geauga Recovery Centers, Inc. provides a wide range of services for adults whose lives have been affected by their own or another's use drugs or alcohol, problem gambling, or mental illness. The Center offers expert support to individuals, families, businesses, other service providers, and the community at large.

1. ORGANIZATIONAL STRUCTURE

a. HISTORY

Lake-Geauga Recovery Centers is a private, non-profit corporation. The Center came into existence in 1971 in Lake County through the efforts of a group of recovering alcoholics whose goal then was to provide food, clothing, and shelter to chronic alcoholics and education to the general community about the illnesses of alcoholism and drug abuse. In January of 1986, a merger process was completed with the Alcohol and Drug Abuse Center of Geauga County, Inc. **The Mission of Lake-Geauga Recovery Centers Inc. is: To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay.** Lake-Geauga Recovery Centers, Inc., vision statement: "Lake-Geauga Recovery Centers aspires to provide premier behavioral healthcare services. We strive for excellence through proven practices and for leadership in partnering with community organizations to work towards an addiction-free society."

- Lake-Geauga Recovery Centers offers outpatient treatment services at its Mentor, Painesville and Chardon offices, serving both Lake and Geauga Counties.
- Since 1973, the Center has provided long-term, residential treatment services. At that time, Oak House was the Center's 12 bed treatment facility for women and Lake House was the Center's 9 bed treatment facility for men.
- For prevention services, Lake-Geauga Recovery Centers strives to educate and inform the community, including social, civic, business, church and school groups and organizations as well as all local citizens on issues related to alcohol, tobacco, other drugs, gambling and mental illness.
- Since 1995 the Center has operated a 72-hour driver intervention program called The Mike Link Driver Intervention Program. The program is offered six weekends per year and is self-sustaining through client fees.
- Lake-Geauga Recovery Centers has been recognized by OMHAS and the Ohio Bureau of Workers' Compensation since 1995 as a Technical Assistance Provider for all aspects related to Drug Free Safety Programs. This service is marketed to local business and industry in order to promote safe work environments and is self-sustaining through client fees.
- In January 1999, in collaboration with the Geauga County Safety Center, the Center implemented an intensive outpatient treatment program for inmates in need of alcohol and drug abuse services within the jail.
- February 2006 received a state capital grant for an addition/renovation project to expand our Oak House facility from a 12-bed to a 16-bed renovated facility which increased service capacity, improved cost efficiency and provided a more up-to-date and handicapped-accessible facility.
- In July 2010, the Center welcomed children ages 0 – 3, to accompany their mothers to treatment at Oak House.
- Since 2010, the Center offers a one-day eight-hour Education Program on the third Saturday of each month. This program is self-sustaining through client fees.

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- Lake-Geauga Recovery Centers collaborated with the Mentor Municipal Court for the provision of Lake County's only Adult Drug Court since its inception in April 2010.
- Beginning in FY13 through grants from the Lake County ADAMHS Board and Geauga County Board of Mental Health and Recovery Services, Lake-Geauga Recovery Centers has provided prevention, education, outreach and treatment for Problem Gambling.
- Through a collaboration with Lake Health Urgent Care beginning in August 2013, Lake-Geauga Recovery Centers began offering ambulatory detox for individuals struggling with opiate addiction and withdrawal. This service began at our Mentor office for Lake County residents in August 2013 and at our Chardon office for Geauga County residents in January 2014.
- In January 2014 opened Nevaeh Ridge for pregnant women with substance use disorder and their dependent children ages 5 and under. To date we have had 30 drug-free babies born to women at Oak House and Nevaeh Ridge.
- May 2014, we developed and implemented the Opiate Recovery Program, a medication assisted treatment program in collaboration with Lake County Adult Probation.
- January 2015 marked the opening of Lake-Geauga Recovery Centers' third outpatient office, located in downtown Painesville, to improve the community's access to treatment services.
- July 2015 marked the ground breaking for the construction of the new Oak House, a 6400 SF structure that has been in the making since early 2011. The new Oak House was completed in March 2016.
- November 2015 opened the Center's first Level II Recovery House, Water Street for men, located in Chardon, which further enhanced the continuum of care in Lake and Geauga Counties.
- Beginning in December 2015, and with support from the Lake County ADAMHS Board and the Geauga Board of Mental Health & Recovery Services, Lake-Geauga Recovery Centers began offering these MedSom Services on-site.
- June 2016, we repurposed the old Oak House to become the new Lake House, thereby increasing our capacity for men from 11 - 16 beds.
- FY2016 marked the introduction of substance abuse services for Lake County's Hispanic population through a collaboration between Lake-Geauga Recovery Centers and Catholic Charities. Due to the underutilization of this service, attributed to deportation issues, the service was discontinued.
- October 2016, the old Lake House was repurposed as a Level II Recovery House for 5 men and renamed the Bill Horvath House.
- December 2016 opened Nowlen Manor, the Centers first Recovery House for women, located in Mentor.
- In FY17, we expanded our Mentor office with the purchase of the building next door, adding an additional 3,700 SF which created additional space for offices, group rooms, drug testing area, as well as a large conference room.
- Three new forensic programs to assist those in recovery from opiate addiction and involved in the criminal justice system were implemented in FY17: Criminal Justice/ Behavioral Health grant, Community Transition Program (those returning to the community from prison) and Addiction Treatment Program (those involved with the Lake County Drug Court).
- August 2018, *Eighty-Forty-One*, the Centers second Level II Recovery House for women opened in Mentor.
- November 2018, the Center began allowing children under the age of 3 to accompany their fathers to residential treatment at Lake House.

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- December 2018, four parcels of land on Oak Street were donated to Lake-Geauga Recovery Centers with the purpose of supporting the Center's plans of constructing a second men's residential treatment facility.
- December 2018 awarded OMHAS capital grant for construction of the new men's residential treatment
- In May 2019, began offering Suboxone, in addition to Vivitrol, offering clients a greater choice for MAT.
- August 2019 opened The Meigs, the Center's s fifth Level II Recovery House which accommodates 6 men.
- FY 19 Became a Medicare and TriCare provider to provide services to veterans.
- Collaborated with Judge Paschke and Geauga Common Pleas Court for the development of the county's first drug court and specialized docket in September 2019.
- Opened Concord Pines, a men's 16 bed residential treatment facility located in Concord in December 2019.
- January 2020 opened the Centers sixth Level II Recovery House for 5 women, called Twelve Meadows and located in Geauga County.
- FY2020
 - Fitness/Wellness program at our residential treatment facilities
 - Anger Management Intervention Class
 - Tobacco Cessation Counseling/Nicotine Replacement Therapy for clients and general public

b. STRUCTURE

Lake-Geauga Recovery Centers is a private, non-profit 501(c)(3) corporation. A twenty-one (21) member Board of Directors with representation from both Lake and Geauga Counties determines policies for the agency. At least two Board positions are allocated to former recipients of drug and alcohol services. At present we have two vacancies on our Board. Our current Board consists of nine (11) members from Lake County, three (4) from Geauga County and two (3) from Cuyahoga County. The Center's list of current Board Members and their addresses are appended to this proposal.

c. TABLE OF ORGANIZATION

Agency and staff organization are depicted in our Table of Organization which is attached to this proposal.

d. AREAS OF EXPERTISE

Areas of staff expertise at Lake-Geauga Recovery Centers include: Substance abuse; dual diagnosis; co-dependency; intervention; marriage and family counseling; grief and trauma; women's issues; gambling addiction; Trauma Focused Cognitive Behavior Therapy (for First Responders); Suicide Management; Risk Assessment; Star Behavioral Health Training (for military service members and their families).

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2. STATE EQUAL EMPLOYMENT OPPORTUNITY REGULATIONS

The Centers' EEO statement was revised and update in October 2020. A copy of the Center's EEO statement is attached to this proposal.

3. HEALTH EQUITY

Lake-Geauga Recovery Centers ensures the fair, respectful and equitable treatment of all clients/consumers without regard to race, color, creed, ethnicity, religion, sex, gender, gender identity, age, national origin, citizenship or immigration status, marital status, military or veteran status, disability (physical or mental), pregnancy, HIV or AIDS related complex, genetic information (including family medical history) or sexual orientation. All services are available without distinction to all clients/ consumers and visitors.

We strive to hire a culturally diverse staff reflecting the racial composition of our service area and to address specific needs of cultural and relevant programming for ethnic minorities, sensory impaired, and recruitment sources. Access and availability is provided for individuals whose primary language is other than English, and, for individuals with speech, hearing, and visual communications impairments. Qualified translators, sign language interpreters and other auxiliary aids are provided to sensory impaired persons where necessary to afford such persons an equal opportunity to benefit from the services we provide. Such interpreters and auxiliary aids will be provided at no cost to the client.

Lake-Geauga Recovery Centers recognizes that most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. These inequalities in health are influence by social determinants which include: neighborhoods and physical environment (housing, transportation, safety); community and social environments (support systems, discrimination); education (literacy, higher education); economic stability (employment, income); health care systems (availability and quality) and food (access to healthy food). People with lower levels of education and income generally experience increased risk-taking behaviors such as substance abuse and decreased access to and quality of healthcare. We will focus more on those health disparities and social determinants within our communities, and how LGRC can be a greater resource in our communities where resources are low and health outcomes are worse.

4. CERTIFICATION, LICENSES, AFFILIATIONS

Lake-Geauga Recovery Centers operates in compliance with the standards of the Ohio Department of Mental Health and Addiction Services (OMHAS) certification requirements. Such certification assures compliance with all applicable Federal and State regulations. Through February 2, 2021, the Center was certificated to provide General Services, Crisis Intervention, SUD Case Management, Consultation, Prevention, Referral & Information, Supplemental BH: Intervention, Supplemental BH: Training. Due to the pandemic and COVID-19, expiring licenses and certifications were extended and will remain valid until July 1, 2021.

Lake-Geauga Recovery Centers has met the high level of excellence required for a national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). The organization as a whole remains committed to maintaining the superior quality in services and operations required for this national certification. The Center was awarded a three year accreditation, with governance standards applied, through November 3, 2021 for the following services/ programs: Diversion/ Intervention, Intensive Outpatient Treatment SUD, Outpatient Treatment SUD, Outpatient Treatment MH, Prevention and Residential Treatment.

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All six of Lake-Geauga Recovery Centers' recovery houses, (Water Street, the Bill Horvath House, Nowlen Manor, Eight Forty-One, The Meigs and Twelve Meadows) are certification by Ohio Recovery Housing Association as Level II Recovery Houses through December 2021, Twelve Meadows through February 2022. .

Lake-Geauga Recovery Centers is requesting non-Medicaid funding only for those services for which the Center is certified.

The Center is a member of the Ohio Alliance of Recovery Providers, Ohio Council of Behavioral Healthcare Providers, Mental Health and Addiction Advocacy Coalition, NAMI, members in the Mentor, Eastern Lake County and Chardon Chambers of Commerce, Downtown Merchants, Downtown Painesville Organization and Geauga Growth Partnership, Problem Gambling Network of Ohio, National Council on Problem Gambling, ADAPAO (Alcohol and Drug Abuse Prevention Association of Ohio)

Affiliation agreements are included in Appendix I.

5. INSURANCE

Written verification of liability insurance coverage is attached, and will be updated for the fiscal year at the time of policy renewal.

6. KEY CONTACTS

Chief Executive Officer	Melanie J. Blasko	440-205-2674	mblasko@lgrc.us
Chief Operating Officer	Kerri Luckner	440-276-1060	kluckner@lgrc.us
Chief Financial Officer	Charles Tong	440-205-2662	ctong@lgrc.us
Executive Assistant	Wendy Dixon	440-205-2661	wdixon@lgrc.us
Director of Residential Services	David Hanlon	440-205-2690	ghanlon@lgrc.us
Residential Treatment Supervisor-women	Sadigoh Galloway	440-276-1068	sgalloway@lgrc.us
Residential Treatment Supervisor-men	Sue Hull	440-276-1054	shull@lgrc.us
Outpatient Program Manager	Vacant		
Outpatient Program Manager	Vacant		
Development Officer	John Keller	440-205-2671	jkeller@lgrc.us
Quality Improvement Manager	Shaelin Hurley	440-205-2692	shurley@lgrc.us
Clients Rights Officer	Kerri Luckner	440-276-1060	kluckner@lgrc.us
MACSIS/MITS Contact	Candace Renner	440-276-1042	crenner@lgrc.us
Front Desk Supervisor	Joan Wells	440-255-0678	jwells@lgrc.us

7. CAPITAL PLANNING

Lake-Geauga Recovery Centers has a very strong balance sheet in that the agency has substantial equity in all of the property that it owns. If there was a substantial disaster to one of its properties, the Center would have a certain amount of additional debt capacity to help deal with the cost of maintaining the capability of providing services to our clients. The Center does have adequate property and liability insurance, including business interruption insurance. Finally, the Center has accumulated some restricted reserves that could, with Board of Directors approval, be used in the event of a disaster. If there was a major catastrophe the Center may

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have to reach out to its funding sources for help. At present, The Center has 3-4 months operating expense in reserves.

Lake-Geauga Recovery Centers has been very fortunate to have received assistance through private donations, various organizations and businesses, and has been awarded a number of grants over the past several years that has significantly helped us with capital improvements, including: Ohio Department of Mental Health and Addiction Services Capital Grants, Lake County Community Development Block Grants, Mentor Community Block Grant, The Cleveland Foundation, Ronald McDonald Charities, Lake United Way Women's Council, Western Reserve Service League to name a few.

In April 2017, Lake-Geauga Recovery Centers purchased the vacant building next door to the Mentor Outpatient office in order to expand services. The buildout was completed in late August 2017. The expansion has increased our service capacity by providing 6 additional counselor offices as well as a large conference room that seats 80.

With support of the Lake County ADAMHS Board and the Geauga Board of Mental Health and Recovery Services, in August 2017, Lake-Geauga Recovery Centers submitted a capital grant to OMHAS for Recovery Housing. We did receive notice from OMHAS to move forward with the three recovery houses; one for men and one for women in Lake County, and one for women in Geauga County.

In September 2017, also with support of the Lake County ADAMHS Board, Lake-Geauga Recovery Centers submitted a capital grant to OMHAS for the purpose of constructing a new 24 bed facility for men's residential treatment due to the extensive waiting lists that have existed for some time now. This project has also received enthusiastic support from Representative John Rogers and Commissioner Dan Troy, who were instrumental in the agency receiving a donation of 4 parcels of land from the Lake County Land Bank. The property is ideally located on Oak Street, adjacent to our other two properties, Oak House and Lake House, which will provide significant efficiencies in operations. In December 2018, we were notified by Doug Bailly of OMAHS that the department did intend to work with Lake-Geauga Recovery Centers for the construction of the new residential and sub-acute detox facility. Facility. Since that time the scope of the project has changed and was reduced to 16 beds from 24 beds due to the conflicting information about the IMD Rule. The plan for sub-acute detox was also removed from the project. The Center broke ground in October 2020 and the new facility is expected to be completed in mid-August 2021.

In FY2016 Lake Geauga Recovery Centers developed and implemented an investment policy statement in order to establish a clear understanding of the investment objectives of the Center and to be used as a guideline by the investment manager(s). This investment policy statement also describes the performance standards utilized by the Center in monitoring investment performance on a continuing basis. The primary objective for the investments of Lake Geauga Recovery Centers is to preserve principal while seeking competitive investment returns with low to moderate investment risk.

We are extremely grateful to our many stakeholders for their support that has enabled us to grow and expand our services and capacity which has greatly increased access to care for the individuals who so desperately need it.

8. PHYSICAL OPERATIONS

Improving efficiencies within the Centers' physical operations has become an even greater priority as Lake-Geauga Recovery Centers has continued to grow and expand services and locations. Methods to improve efficiency of the physical operations of the agency are identified and implemented by the agency Management Team and Health & Safety Committee through various means including the Accessibility Plan and Risk Management Plan. (Grids for both plans have been appended to this report.) These plans are revised and

Lake-Geauga Recovery Centers' Service Plan, Fiscal Year 2022

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updated every two years, however progress on the plans are reviewed periodically through the year with input from a variety of stakeholders. The Accessibility and Risk Management Plans identify areas in need of improvement, service delivery issues, safety and security issues, Human Resources, governance and architectural issues. Identified problem areas, particularly those impacting access to services or access to employment are assigned an action plan which is implemented and monitored by designated staff. Improving efficiencies in the physical operations of the agency is a priority and shared among agency staff and the Board of Directors.

Other means in which the Center improves efficiencies of the physical operations includes:

- Regular training (and cross-training) in order to grow and retain staff.
- Counselors receive incentive pay for exceeding productivity.
- Excellent customer service is emphasized at all levels of the organization.
- Barriers to access for clients and barriers to success for staff is minimized or eliminated to the extent possible.
- Incident reports are tracked for trends and to establish a plan for performance improvement that will reduce risk of loss and exposure.
- Engage outside consultants for various projects and to improve operations.
- All supply ordering goes through Executive Assistant who scrutinizes orders, seeks comparative pricing.
- The Center has utilized a staff Suggestion Box since 2011. This tool has been very instrumental in implementing operational and program changes that has improved efficiencies in operations, enhanced safety, reduced costs, improved customer service, and elevated the profile of Lake-Geauga Recovery Centers.
- Planning & Evaluation Days are held twice per year for all clinical and direct service staff, supervisors and support staff to discuss current status and operations of all program services and plan for future directions and operations. This review shall deal with current functioning of the service component and will make recommendations for programmatic modifications. Areas of focus may include any issues that affect quality of client care or service delivery. These may include: accessibility and barriers to service, identified service gaps, analysis of performance target outcomes, timeliness of care, length of treatment; appropriateness of program services; admission and discharge policies; responsiveness of the agency to client needs; evaluation of current programming; isolation of problem areas; plans of action.



Service Plan (RFP 9)

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ADMINISTRATIVE OPERATIONS

9a. / 9b. NOTICE OF PRIVACY PRACTICE / ADAMHS BOARD FOLDERS

Upon admission to each program, every client shall receive a written "Notice of Privacy Practices" of the uses and disclosures of protected health information that may be made by the agency, and of their rights and the agency's legal duties with respect to that protected health information. Lake-Geauga Recovery Centers will promptly revise the Notice of Privacy Practices anytime there is a material change to the uses or disclosures, the individual's rights, the agency's legal duties, or privacy practices stated in the notice. In addition, every new client to the Center shall receive the Lake County ADAMHS Board Notice of Privacy Practices and the Lake County ADAMHS Board Folders at the time of intake. Except for emergency situations, the Center will make a good faith effort to obtain a written acknowledgment of receipt of the above. If not obtained, the Center will document the good faith effort to obtain such acknowledgment and the reason why the acknowledgment was not obtained.

9c. STAFF RETENTION

- Turnover Rate: 30%. The average number of employees was eighty-two (82). Seventeen (17) staff members were hired during the period 4/1/19 through 3/31/20. (6 part-time, 11 full time). There were 22 staff members (7 part-time, 15 full time,) who left the organization during the same period. Of these individuals, 13 resigned (3 part-time, 10 full time), and 8 were terminated (4 part-time, 4 full time), and 1 retired (0 part-time, 1 full time). It is important to note that, in order to operate our residential facilities 24/7, we employ a number of fulltime and part-time Program Assistants. Some part-time Program Assistants may only work several shifts a month, and will eventually find full time employment elsewhere. This factor does tend to skew our turnover rate. When removing these part-time employees from the calculation, the turnover rate is 23%.

The agency is in the process of instituting Stay Interviews in an effort to identify key factors

Contributing to employee's job satisfaction and decision to remain at Lake-Geauga Recovery Centers, with the goal of expanding on those key issues in order to reduce the turnover rate.

- **Exit Interview:** We attempt to collect exit interviews for all staff separating from employment with the agency. During the period above, nine (9) exit interviews (70% of those who resigned) were conducted. The majority of those had accepted employment elsewhere. Those separating employment with the agency through termination rather than resignation typically do not complete an exit interview.
- **Action Taken as a Result of Exit Interviews:** Results of exit interviews are reviewed by the President & CEO, COO and Executive Assistant. Results will be used for quality improvement and service planning, when indicated. No particular trends in exit interview results were noted this past year.

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9d. CONTINUING EDUCATION

Lake-Geauga Recovery Centers will continue its efforts to collaborate with other community agencies for training and continuing education. Monthly in-service trainings are offered at no charge to our clinical staff, support staff and board members. We offer Continuing Education Hours (CEUs) to counselors and social workers as we are an approved provider by the Ohio Chemical Dependency Professionals Board and the Ohio Counselor, Social Worker & Marriage and Family Therapist Board. Other community agency personnel are invited to attend these in-services as appropriate, and we can accommodate groups up to 80.

CY2021 In-service schedule is below for your review:

Session	Date	Topic/Description	Presenter(s)
1	January 21 st 2:00 – 4:00	ASAM (ZOOM)	Faith Lewis, LISW, SUD Liaison Lake-Geauga Recovery Centers
<i>Rescheduled due to COVID</i>	<i>February 18 & 19 9:00 – 4:30</i>	<i>Planning & Evaluation Day (ZOOM)</i>	<i>Lake-Geauga Recovery Centers Administrative & Supervisory Staff</i>
2	March 4 th / 5 th 9:00 – 4:30	Planning & Evaluation Day (ZOOM)	Lake-Geauga Recovery Centers Administrative & Supervisory Staff
3	April 29 th 2:00 – 4:00	Human Trafficking (ZOOM)	Cleveland Rape Crisis Center
4	May 20 th 2:00 – 4:00	Pharmacology(Tentative)	Billie Murton, CNP
5	June 17 th 1:00 – 4:00	Problem Gambling	Claire Spada, Prevention Specialist Lake-Geauga Recovery Centers
6	July 15 th 2:00 – 4:00	Cessation Treatment	Christie Gigliotti, CHES, Prevention Specialist Lake-Geauga Recovery Centers
7	August 19 th and 20 th 9:00 – 4:00	Planning & Evaluation Day	Lake-Geauga Recovery Centers Administrative & Supervisory Staff
8	September 16 th 2:00 – 4:00	Ethics	Cecile Brennan
9	October 15 th 2:00 – 4:00	Cultural Competency	Tameka Taylor
10	November 18 th 2:00 – 4:00	De-Escalation 2pm-4pm Infection Control PPT	Sadigoh Galloway & Dave Hanlon Lake Geauga Recovery Centers Administrative and Supervisory Staff

The Ohio Chemical Dependency Professionals Board approves all sessions for 2 (or 3) RCH's. The Ohio Counselor, Social Worker and Marriage & Family Therapist Board approves sessions for 2 (or 3) CEU's. 2 hour sessions are from 2:00-4:00 p.m., and 3 hour sessions are from 1:00-4:00 at the Mentor Administrative & Outpatient office

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9c. MARKETING AND PUBLIC RELATIONS

The Lake County ADAMHS Board name and logo appears on Lake-Geauga Recovery Centers' letterhead, brochures, web site, Community Satisfaction Survey, signage at each Lake County location, just to name a few. We include the names and logos of all of our major funders on any flyers for agency fundraisers, awareness events, press releases, and promotional materials. All clients receive the Lake ADAMHS folder upon intake. We have included the Lake County ADAMHS Board Logo on our Client Satisfaction Survey and client Post-tests in order to more effectively remind clients upon treatment completion that the services at Lake-Geauga Recovery Centers are provided in part by the Lake County Alcohol, Drug Addiction and Mental Health Services Board.

The use of descriptive copy that the Lake County ADAMHS board provided will be used wherever possible. Lake-Geauga Recovery Centers participates in the Friends of Lake ADAMHS (FOLA) and is committed to supporting the marketing and promotional efforts of the Lake County ADAMHS Board.

The Development Officer at Lake-Geauga Recovery Centers is responsible to plan, organize, implement, and evaluate all marketing and fundraising activities of Lake-Geauga Recovery Centers including: annual campaigns; planned giving, major gifts and grants targeting a variety of external sources including individuals, corporations, foundations and former clients; annual appeal; annual report; special events for LGRC; newsletter; website activity. A major role has been to identify and build a fund raising donor base.

The agency has developed a Marketing Plan which is reviewed and updated annually. The plan serves to guide the efforts of the Development Officer and the Development Committee which is comprised of agency staff and Lake-Geauga Recovery Centers' Board Members.



Service Plan (RFP 11-15)

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CLINICAL/QUALITY GUIDANCE

11a. ADAMHS BOARD STRATEGIES/GOALS

The following describes how Lake-Geauga Recovery Centers will incorporate the current Lake ADAMHS FY20-21 priorities from their Five-Year Strategic Plan (FY2017 – FY 2021) into our FY22 operations.

Priority #1 – Restructuring of system to eliminate/merge/consolidate small and medium providers and duplicative services.

Lake-Geauga Recovery Centers SFY22 Plan

- As part of the Center's three year strategic plan, the Board of Directors and President & CEO will proactively explore opportunities for merger, acquisition and or shared service organization that are in line with the LGRC mission, vision and core values.
- Lake County is fortunate to have the volume and quality of behavioral health resources that it does. LGRC embraces a client centered philosophy and is persistent in meeting client needs. What may be perceived as a duplication of services among ADAMHS providers, others, particularly the clients we serve, view this as having options and the ability to choose their provider.
- Systematic review and analysis of all programs and services in order to identify those that are under-utilized, and to make recommendations for program development and services that will more effectively meet the current needs of our clients.
- Remained committed to advance Lake ADAMHS Board values and strategies regarding service integration, performance target achievement, Outcome-based programming, and collaborative and open communication with other service providers.
- Collaborate with Crossroads Health to fully integrate services in order to provide more enhanced family and children services, with plans to provide MAT services to Crossroads Health's clients.
- Continue collaborative efforts with many community stakeholders:
 - Lake County Adult Probation – LGRC provides two aftercare programs located at our Mentor and Painesville Outpatient offices for probationers following JTP completion
 - Lake Health - provides dietary services for our residential programs including information on nutrition, and healthy, seasonal menus and collaboration on First Responders Program
 - Crossroads Health - Infant Mental Health services, psychiatric services, parenting, collaboration on First Responders Program
 - JFS – assist with Medicaid applications and employment
 - Ohio State extension - parenting and nutrition classes
 - Family Planning/ Signature Health - educational material on reproductive health, testing for HIV and Hepatitis C
 - Cleveland Rape Crisis – Trauma Informed educational series for outpatient and residential clients
 - Project Hope - temporary housing/ shelter for homeless individuals

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PROPOSAL for SERVICES
Lake County Alcohol, Drug Addiction & Mental Health Services Board
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ADAMHS BOARD STRATEGIES/GOALS (Continued)

- Torchlight - provides mentors for children of clients who are single parents
- Extended Housing – access to housing for individuals upon treatment completion
- Signature Health – psychiatric services
- WomenSafe – provide services for victims of domestic violence
- Lake County and Geauga County drug court

Priority #2 – Outreach

Lake-Geauga Recovery Centers SFY22 Plan

- Encourage LGRC Board of Directors to participate in Lake County ADAMHS Board meetings, FOLA fundraising events and community events on a local and state level; to advocate with area legislators on behalf of LGRC, the Lake ADAMHS Board system and all of behavioral health; to attend trainings and workshops as appropriate at Lakeland Non-Profit to further increase their knowledge in matters pertaining to behavioral health.
- All new LGRC Board of Directors complete a comprehensive orientation upon being elected to the board. If the Lake ADAMHS 101 was videotaped, we could include this as part of their overall orientation.
- Continue to require all new LGRC staff and volunteers to attend a LAKE ADAMHS 101.
- LGRC staff sit on the Suicide Prevention Coalition in Lake and Geauga Counties. Our Prevention Specialist has provided 15 QPR presentations within Lake County since September 2019 (6 in FY20, 9 to date in FY21), in conjunction with problem gambling awareness and prevention. The majority of these presentations have been done in conjunction with the Lake ADAMHS Board.
- LGRC has and will continue to promote the suicide prevention coalition, as well as increasing awareness of the warning signs of suicide through Facebook posts regarding rates of suicide and providing links to the Ohio Suicide Prevention Foundation as well as the Crisis Hotline and Text numbers. LGRC will continue to share the Chrysalis flyer (which also mentions the Suicide Prevention Coalition) on Facebook as well as with our staff to provide to clients. Other posts regarding suicide warning signs are mostly provided to us by the Geauga County Suicide Prevention Coalition.
- Seek out and accept speaking engagement invitations with media, business and church groups, at health fairs and other community events.
- Ongoing participation in Friends of Lake ADAMHS, Lake and Geauga Counties' Opiate Task Force, Lake and Geauga Counties' Coalition for Housing & Support Services, Lake County Re-entry Coalition, Re-entry Resource Day, Citizen Circle, Video In Reach Program, Criminal Justice Diversion meeting, Lake-Geauga Training Committee, Lake & Geauga County Trauma Response Team, Lake and Geauga County Suicide Prevention Coalition, LakeHealth Psych Clinical Team, ORTP, CURES conference calls, QI Committee meetings, Lake ADAMHS Business Managers meetings, Prevention Committee meetings, Directors Council, Lake &

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ADAMHS BOARD STRATEGIES/GOALS (Continued)

Geauga Co. Health Districts' Community Health Improvement Plans, Lake County Drug Court Advisory Committee, Lake Geauga Ashtabula Tobacco Coalition, Problem Gambling Coalition.

- Nurture relationships with 12-Step community volunteers, continue to grow the membership of the LGRC Alumni Association
- Promote positive community relations through quarterly stakeholder/referral source luncheons, open houses and tours of LGRC facilities.
- Include Lake ADAMHS logo on all client satisfaction surveys, pre/posttests, and certificates of treatment completion, all agency press releases, brochures, fliers and invitations for fundraising events, Alumni Association events, open house, etc.
- Continue to participate in Lakeland's Non-profit Service Center, Leadership Lake County Alumni, support local and state legislator's events, and events of other related organizations.
- Continue efforts to elevate the profile of LGRC and the Lake County ADAMHS Board in the community.
- Advocate for those with substance use disorders, pursuing any and all opportunities to share stories of recovery.
- LGRC has strongly encouraged and supported eligible staff in obtaining their Peer Recovery Support certification. To date, approximated 8 staff have a PRS certification. Over the last several years, we have gained a greater understanding of the most effective way to successfully utilize peer recovery supports in outpatient and residential treatment services. We will continue to support staff in obtaining this certification and incorporating Peer Recovery Supports in a variety of areas to support individual's recovery. LGRC had suggested having a coordinated, county-wide network of Peer Recovery Supporters a couple years ago. We continue to believe this could be beneficial for the entire Lake ADAMHS system.
- LGRC utilizes social media to reach diverse populations:
 - We use a variety of platforms to reach different ages and gender
 - Facebook:
 - Largest age group: 25-34 (26.3%)
 - Gender: 44% female, 56% male
 - Twitter:
 - Largest age group: 30-49 (44%)
 - Gender: 32% female, 68% male
 - Snapchat ad for tobacco and the demographics is:
 - Largest age group: 13-34 (75%)
 - Gender: 58% female, 40% male
 - YouTube:
 - Largest age group: 15-25
 - Gender: 72% of all female internet users and 72% of all male internet users
 - Diversity also includes different interests. As example, using hashtags in our posts such as #family, #March Madness, helps expand our reach as we are then linked to that interests with that same hashtag on a different post.

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ADAMHS BOARD STRATEGIES/GOALS (Continued)

- LGRC Facebook page is also followed by a variety of different businesses and agencies whose target populations are diverse. A number of those followers “liking” and “sharing” our posts then reach more diverse populations.
- LGRC follows other entities (i.e. LGBTQ+Allies Lake County, Black Lives Matter, Senior Centers) to reach diverse populations.

Priority #3 – Housing Services

Lake-Geauga Recovery Centers SFY22 Plan

- Continue to expand residential treatment and recovery housing.
- With the construction of the new men’s facility in Lake County being complete in mid-August 2021, and the repurposing of the Concord Pines facility to be the new Nevaeh Ridge location, we will expand the number of beds for pregnant women and women with children 5 and under from 8 – 16 beds. The number of women we will accommodate will be dependent upon the number of children in the facility at any given time, but will definitely be an increase in access to this level of care.
- Continue to promote early intervention for addicted pregnant females, assist these women in accessing treatment, thereby reducing the incidence of babies born dependent.
- Enhance residential treatment services through the efficient utilization of case managers and peer recovery supports, as well as continued health & wellness program,
- Collaborate with Crossroads Health to explore feasibility of repurposing Nevaeh Ridge to a Level I Recovery House for women with children ages 17 and under. (This is a gap in services that we frequently hear about.)
- Continue to find a suitable location for the recovery house for women and children in Geauga County, a collaboration with the Lake ADMHS Board and the Geauga Board of MHRS through the SORS grant.
- Proactively search and apply for available grants for recovery housing.

Priority #4 – Substance Abuse Detox Services

Lake-Geauga Recovery Centers SFY22 Plan

- Continue to collaborate with Lake ADAMHS Board, Windsor Laurelwood and Signature Health to expand and improve substance abuse detox services and treatment.
- LGRC Substance Use Disorder Liaison will participate in all Opiate Recovery Transition meetings, meet with potential clients to smoothly, respectfully and quickly assist their transition to and engagement in treatment services at the appropriate level of care following detox, and following completion of JTP.

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ADAMHS BOARD STRATEGIES/GOALS (Continued)

- Continue to place a high priority on the delivery of exceptional client care, strive for 100% client satisfaction, and assist clients in achieving highly favorable outcomes including long-term recovery and an improved quality of life.
- Utilize MI video and LIB Facilitator Manual at staff orientation and for ongoing clinical training; supervisors to monitor staff progress.
- Maintain Motivational Interviewing (MI) and Living in Balance (LIB), evidence-based practices of choice in outpatient and residential treatment at LGRC.
- Support staff in developing expertise in trauma informed interventions in order to improve treatment outcomes and quality of life.
- Continue to expand Medication Assisted Treatment to provide clients options of Vivitrol or Suboxone.
- Continue to develop and nurture relationships with Medicaid Managed Care companies and other community stakeholders.

Priority #5 – Integration of Physical and Behavioral Health

The integration of physical and behavioral health at LGRC has mainly been based on the client's needs which are identified very early on at the time of assessment and treatment planning. The intensity of the physical and behavioral health integration up until this point has been primarily referral, linkage and coordination.

With the introduction of our Medication Assisted Treatment Program (MAT), began an integration of physical health and behavioral health. This program does require a partnership with the physicians with whom the Advanced Nurse Practitioner has a standard care agreement. While the integration had mostly consisted of agreements and referral, there is a desire to more fully solidify and expand the services provided at LGRC with a primary healthcare provider. This is the direction identified by LGRC Board of Directors as stated on the Strategic Plan. We plan to more deliberately pursue this goal in FY2022.

Priority #6 – Technology

- LGRC made critical and significant enhancements to the agency's technology as a result of the pandemic and the stay at home order. This transition to telehealth was not only done quickly, but also proved to be an essential asset to our clients, enabling us to continue to provide much need services to the community.
- Continue to provide telehealth as an alternative for eligible consumers that are challenged by barriers to treatment (i.e. transportation and childcare).
- As staff have become proficient at videoconferencing, we plan to continue use of it for meetings among LGRC staff at various locations in order to reduce staff travel time and increase available direct client face-to-face time.
- Continuous efforts to refine and enhance our current electronic record in order to promote greater face to face time. With support from the Lake ADAMHS Board, LGRC has purchased CareLogic electronic health record and is in the process of implementing this new system. Full transition from CATT to CareLogic is expected to be completed by July 1, 2021.

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11b. RECOVERY ORIENTED SYSTEMS OF CARE

Lake-Geauga Recovery Centers supports the Recovery Oriented Systems of Care (ROSC) and thoroughly embraces the philosophy and key concepts. The ROSC philosophy resonates with Lake-Geauga Recovery Centers' mission, vision and core values. To Lake-Geauga Recovery Centers' board and staff, it is much more than words on a paper, or a policy in a manual. It is the culture of our agency, it defines our intentions and interactions with each other, with our clients and with the greater community.

Focusing on Clients and Families –

Clients' needs are our first responsibility and our #1 consideration in decision making. We nurture, inspire, and motivate—respectfully and unconditionally—our clients to reach their full potential. There are many pathways to recovery and the selected path is one of personal choice. Recovery is a process; it includes evidence - based practices, community resources that support sobriety, resulting in abstinence and an improved quality of life.

We firmly believe that the development of meaningful and supportive relationships for our clients is an essential ingredient for success. Peers, allies and family members form vital support networks for people in recovery, and we recognize there are immediate and long-term benefits to individuals in recovery when their families are involved in treatment. It is the love, support and understanding of family members that can be crucial in the healing process and can play a pivotal role in an individual's long-term recovery. We believe that restoring healthy family bonds and repairing family dynamics is absolutely achievable. The availability of this 'recovery capital' is always a consideration in treatment planning including length of treatment (dose) and level of care.

Ensuring Timely Access to Care –

Choosing to live a sober life without addiction is the most significant decision one will ever make. Therefore, we strive to be ready and waiting to assist those who seek our services, when they are ready. If waiting lists for services exist, we vigorously manage them in order to ensure timely access to care. We advocate for early identification and intervention, as is the approach for other chronic diseases. As the state fully engages ROSC and OMHAS makes changes to the standards that are more consistent with a medical model, we expect to see positive change in the delivery of care. Treatment providers can provide long-term consultation for our clients through periodic recovery check-ups (rather than close the case after 30 days of no service, which was the OMHAS standard in the past), similar to what an individual would do with their primary care physician for treatment of their other chronic illnesses.

Promoting Healthy, Safe, and Drug-Free Communities-

Lake-Geauga Recovery Centers is Community-Oriented in that we believe the pursuit of our mission is enhanced by educating the community regarding our clients' needs and our services. Raising awareness of the struggles of addiction, that treatment works, and that *people do recover* has been a consistent message among the Lake-Geauga Recovery Centers community.

We seek to be "good neighbors" by strengthening the welfare of the communities in which we serve and strive to work collaboratively with other organizations to meet the needs of our clients and the community. Through our Drug-Free Safety Program, we provide assistance to business

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and industry in establishing a workplace safety program and to promote a drug-free work environment.

Even though the prevention department at Lake-Geauga Recovery Centers is small, they are energetic and passionate about drug, alcohol, tobacco and gambling prevention and work diligently to promote drug-free communities.

Prioritizing Accountable and Outcome-Driven Financing -

As we hold ourselves accountable to the highest standards of performance, care, and quality outcomes, we support that our funders would do the same. We are truly committed to wise and efficient use of resources in providing superior services. Our outcomes at Lake-Geauga Recovery Centers speak for themselves and are consistently above the national average. In order to remain good stewards of Lake ADAMHS Board dollars, we routinely monitor and review our programs and services for those that are under-utilized, are no longer effective, or have simply run their course. We are dedicated to remaining current on research, trends and various treatment modalities, and to advancing state-of-the-art prevention and treatment of addictive diseases.

Continuum of Care --

Lake-Geauga Recovery Centers endeavors to support the Lake County ADAMHS Board in the provision of a strong continuum of care in Lake County. One of the unique features of our agency is the fact that we have multiple levels of care, supporting our philosophy that treatment is truly individualized and as unique as each individual who walks through our doors. Our services range from an 8-hour, one day Education Program, to ambulatory detox, outpatient treatment, intensive outpatient treatment, dual-diagnosis treatment, men's and women's residential treatment, specialized residential treatment for pregnant women and women with children under age 5, and recovery housing for men and women. In addition, the agency has collaborated with the Lake County ADAMHS Board, Signature Health and Windsor Laurelwood to provide the Opiate Transition Program, thereby completing a full continuum of care.

Future goals for incorporating ROSC principals at Lake-Geauga Recovery Centers -

Lake-Geauga Recovery Centers in conjunction with the Lake County ADAMHS Board and system of care in Lake County will further incorporate the Recovery Oriented Systems of Care by engaging in more community outreach through our Development Officer, as well as our Alumni Association. We believe the drug-free communities can be promoted, and community's involvement encouraged, through Lake-Geauga Recovery Centers' Alumni Association. This grateful, happy, robust group knows how to "Celebrate Recovery", and they can be very influential in demonstrating and modeling the benefits, the joys of a life free from drugs and alcohol.

There are also opportunities to promote drug-free communities through Lake-Geauga Recovery Centers' Drug-Free Safety Program. We would like to be more of an asset to businesses and to assist employers who are challenged by the numbers of perspective employees who cannot pass a pre-employment drug screen. We would like to work collaboratively with these employers, see more of these individuals be given an opportunity to receive treatment, followed by random drug testing, while still being considered a viable candidate for employment.

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The utilization of Peer Supporters to provide hope, support and encouragement during the recovery process has been integrated into various aspects of our treatment services in both residential and outpatient treatment. Many of our staff, particularly our Program Assistants in residential treatment are in recovery and therefore have an abundance of knowledge and "life experience" to not only inspire and encourage, but to also model a healthy, recovery lifestyle. In collaboration with the Lake County ADAMHS Board, LGRC has hosted two Peer Recovery support trainings. LGRC is invested in the use of Peer Supporters and is interested in taking the lead in organizing this service throughout Lake County.

As stated, LGRC Core Values are perfectly aligned with ROSC principles and values, particularly in that we are person-centered, we promote the involvement of families, friends and allies, and believe in assisting individuals to achieve their full potential. LGRC provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery), and collaborate with others within the ADAMHS system for mental health and primary care. To continue to promote the ROSC principles, LGRC plans to implement focus groups, conducted by our Quality Improvement Coordinator, in order to continue to improve accessibility to our services and ease of obtaining our services, and to continue to identify wrap around and support services as the needs of the clients we serve are ever evolving and changing.

11c. PRIORITY POPULATIONS

Lake-Geauga Recovery Centers' mission, services and related program goals, objectives and planned outcomes do meet the priorities of the Lake County ADAMHS Board's list of Priority Populations for SFY 2022. On the SFY 2022 Proposal Form, the Center has identified serving the following priority populations: adults experiencing substance use/ abuse issues (including but not limited to opiates), mentally ill and/or chemically dependent adults, mentally ill and/or chemically dependent adults who are homeless or at risk of homelessness, adults and youth who are involved with the adult/ juvenile criminal justice system/ re-entry, and women and children who are directly impacted by domestic violence and other abusing issues.

Our target population, projected number to be served, and progress achieved in serving that number is identified on each Program Narrative submitted with this RFP. The targeted recipients of each service provided is in line with Lake ADAMHS Priority Populations.

In an effort to provide services locally for veterans and their families, the Center became a Tricare provider. In addition, the Center has participated in the Ohio Homefront, the military family assistance program created to provide reduced fees for veterans who participate in our Mike Link Driver Intervention Program and Education Program.

11d. COMPASS LINE

Lake-Geauga Recovery Centers will work collaboratively with the Lake County ADAMHS Board's Compass Line and abide by all terms and procedures outlined in the Compass Line policy in order to facilitate client's ability to gain access to services.

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11e. QUALITY IMPROVEMENT

Lake-Geauga Recovery Centers QA/QI Plan is congruent with the Board's Quality Improvement Plan. The agency's Contract Compliance Review was conducted by the Lake ADAMHS Board in September 2020 and was found to be in full compliance.

12. PROVIDER CONTINUING QUALITY IMPROVEMENT

12a. Lake-Geauga Recovery Centers Continuous Quality Assurance/Quality Improvement Plan (QA/QI) has met the Certification Standards of the Ohio Department of Mental Health and Addiction Services (OMHAS), and the Commission on Accreditation of Rehabilitation Facilities (CARF).

12b. The Chief Operating Officer and Privacy Officer of Lake-Geauga Recovery Centers is responsible for the development, implementation, coordination and oversight of all agency Quality Improvement activities. The Quality Improvement Committee at Lake-Geauga Recovery Centers includes the Risk Management Committee, Health & Safety Committee, Disaster Recovery Committee and Planning & Evaluation Review meetings. The agency's Board of Directors Program Effectiveness Committee is responsible to evaluate data collected as a result of ongoing monitoring activity, report Quality Assurance/Improvement related information to the full Board, including any corrective actions deemed necessary.

12c. The Chief Operating Officer collects and aggregates monitoring information related to aspects of care, prepares monthly and quarterly Quality Improvement Reports and submits a full report to the Lake ADAMHS Board on an annual basis.

The agency's QA/QI Plan was revised and updated in November 2021 and is appended to this report. Also attached to this proposal is the Center's Report Card to further demonstrate our commitment to quality and excellence, our history and other key outcomes of our agency.

13. WAIT TIMES

We currently do not have a waiting list for outpatient or residential treatment services. Admission lists are maintained at all program sites for clients in need of services and are further reviewed weekly per the agency's Utilization Review process. The admission list has made an impact on our ability to identify those who are truly waiting on an opening in our outpatient groups and residential facilities as opposed to those who are unable to be admitted due to their current status (i.e. incarcerated, hospitalized). Status and effectiveness of our admission lists are reported quarterly as part of our Quality Assurance/ Quality Improvement Reporting. In the event of an actual waiting list, admissions will be prioritized based on the following: severity of need, pregnancy, women with dependent children, IV drug use, and Lake and Geauga County residents. We notify our local Alcohol and Drug Addiction and Mental Health Services Boards in writing within 7 days if any of our services have reached 95% capacity.

Admission lists are reviewed weekly (if needed) by the Residential and Outpatient Treatment Managers. Weekly contact is coordinated and/or maintained as appropriate with clients on our admission list and, should there be an actual wait period, alternate services are

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offered in the interim period. When appropriate, individual counseling appointments are scheduled as soon as possible and at the clients' convenience, or, clients may be engaged in other outpatient program services while identified as truly waiting within the admission list. The client and referral source(s) are made aware of our admission criteria, and notified of the potential client status on our admission/waiting list. Clients are removed from the list if:

- a. Client or referral source discontinues contact with the Residential or Outpatient Treatment Managers or designee;
- b. Client is assessed as not meeting the program's admission criteria;
- c. Client enters another treatment service at our agency or another agency;
- d. Client requests removal from waiting list.

The residential admission list tracks: county of residence, referrals made, date of first client call and outcome date, and the reason that clients are waiting for a bed. The admission list policy takes into account the time waiting for services, appropriate referrals, and priority for pregnant clients, and severity of need for services. Per the OMHAS Women's Grant received for Oak House, admissions are prioritized based on women who are pregnant, women of childbearing age and women with dependent children.

Several procedures and changes previously implemented have shown the reduction and/or eliminate admission/wait times. For residential treatment, a centralized intake adds efficiencies with the admission process. This individual not only complete intakes, assessments and all admission proceedings for those individuals entering residential treatment, but also provides individual counseling in the event of any wait time for this level of care. All individuals are encouraged to participate in Outpatient Treatment in the event they are placed on the identified wait area on the admission list for residential level of care. In addition, the opening of 6 recovery houses in past few years has helped reduce the length of stay for residential clients who are ready to transition to a lower level of care, but still need the support of a sober living environment. The result has been greater availability for primary residential treatment beds.

For outpatient treatment, all outpatient counselors and any newly hired counselors receive thorough training in all intake procedures. During periods of high volume or peak hours of walk-in intake days, any counselor may assist the Intake Coordinator with conducting walk-in intakes. This reduces client's wait time for the intake, and completely eliminated having to return on another intake day during a period of exceptionally high volume. This procedure not only benefits our clients, but has also assists counselors in increasing their productivity as they are now able to provide direct service hours (walk-in intakes) in the event that they have a "no show" or a "call and cancel" in their schedule. In addition to walk-in intakes, all outpatient counselors are also available to do walk-in assessments, following the intake, should they have a "no show" or a "call and cancel". This procedure change again eliminates the need for clients to return to the agency for the assessment, promotes greater accessibility for clients, as well as promoting increased direct client contact hours for our counselors.

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- a) At present there is no wait time for intake as we have walk-in intakes on Mondays, Wednesdays and Fridays in Mentor, and Tuesdays and Thursdays in Painesville. In order to address periods of high volume during peak hours of walk-in intake days, we have other clinical staff available to assist the Intake Coordinator, if needed. Volume in any particular group varies, as will wait time. We had previously added additional outpatient treatment groups in order to meet the demand at that time; therefore, we did not experience any wait times for outpatient groups this past year.
- b) Wait time for pharmacological management does not apply to our agency.
- c) We constantly monitor all clients' wait time from their assessment appointment to their first counseling appointment. This may vary however we have had no waiting lists for all outpatient services.
- d) Wait time for Community Psychiatric Supportive Treatment does not apply to our agency.

14. CRISIS INTERVENTION SERVICES

Lake-Geauga Recovery Centers has established a formal affiliation agreement with Crossroads Health and Lake Hospital System for crisis intervention services. Affiliation agreements were signed by all parties and are included in this proposal.

15. HEALTH OFFICERS

Lake-Geauga Recovery Centers currently does not have a designated Health Safety Officer.



Administrative Overhead

ADMINISTRATIVE OVERHEAD

Administrative overhead currently includes the President & CEO, the CFO, the Executive Assistant, and their fringe benefits. These are approximately 6.2% of the total budget. Other members of the management team are charged directly to various programs based on some appropriate unit of measure such as clinical FTE's, revenue, etc. MIS services are provided by an independent contractor, The Griffin Technology Group. This percentage is reasonable and below the reported industry standard.



Uniform Cost Report Budget

Lake Geauga

	Yes	No	N/A	
History	x			
Structure	x			
Table of Organization	x			
Areas of Expertise	x			
State Equal Opportunity Regulations	x			
Health Equity	x			
Certification, Accreditation, Licenses	x			
Insurance	x			
Key Contacts	x			
Capital Planning	x			
Physical Operations	x			
Notice of Privacy Practices	x			
ADAMHS Board Information	x			
Staff Retention	x			
Continuing Education	x			
Marketing and Public Relations	x			
Administrative Overhead	x			6.20%
Audit	x			
Fee Schedule	x			
Uniform Cost Report Budget	x			
Grant Revenue and Grant Expense	x			
Purchase of Service (POS)	x			
ADAMHS Board Strategies/Goals	x			
ROSC and CCOE	x			
Priority Populations	x			
Compass Line	x			
Quality Improvement	x			
Provider Continuing Quality Improvement	x			
Wait Times	x			
Crisis Intervention Service	x			
Health Officers	x			
Program Narratives	x			



Grant Revenue and Grant Expense

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
SERVICE: RESIDENTIAL - NEVAEH RIDGE_____

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)	150,767	164,260	0	0.0%
	OTHER - COURT	0	0		
	OOC Medicaid			0	
		0	0		
B	FEES				
	CLIENT - DIRECT PAY			0	
	INSURANCE	0	0		
	CONSULTATION & EDUCATION	0	0		
	OTHER - FOODSTAMPS	7,777	7,777		0.0%
	OTHER - GEAGA ADAMHS BD				
	OTHER - Court	0	0		
	OTHER - Tanf & 484	0	0		
C	STATE FUNDS				
	NOT THROUGH BOARD	0	0		
	SPECIFY SOURCE: _____				
	ODADAS-RHA Funds			0	
D	LCADAMHS				
	GRANT	168,729	168,729		0.0%
	LCADAMHS				
	POS Partial Hospitalization				
	FUNDING	0	0	0	
	TITLE XIX LOCAL MATCH				
	WOMEN'S PROJECT GRANT			0	
	MIS Grant				
E	UNITED WAY (LAKE)	0	0	0	
	UNITED WAY SERVICES	0	0	0	
F	DONATIONS				
		0	0		
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY	0	0		
H	FOUNDATION GRANT				
		0	0		
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS			0	
	MISCELLANEOUS				
L	OTHER			0	
	TOTALS	327,273	340,766	0	0.0% ##

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CONFIDENTIAL

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LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
SERVICE: MEDICAL AFTERCARE-ADULT

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV.FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bot
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE: _____				
D	LCADAMHS				
	BOARD				
	FUNDING				
	GRANT	10,600	10,600		0.0%
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS	848		0	
	MISCELLANEOUS				
L	OTHER				
	TOTALS	11,448	10,600	0	0.0% OK

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ADAMHS000027930

DEF-MDL-14329.00033

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
SERVICE: MEDICAL SOMATIC

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)	139,913	153,913		
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GAUGA ADAMHS BD	14,000			
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE: BH & CJ	150,000	150,000		0.0%
	CARRYOVER 2016:	0		0	
	CARRYOVER 2017	0		0	
D	LCADAMHS BOARD FUNDING	41,902	41,902		0.0%
	GRANT				
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	345,815	345,815	0	0.0%

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DEF-MDL-14329.00034

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
GRIEF SUPPORT

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bot
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE:				
D	LCADAMHS				
	BOARD				
	FUNDING				
	GRANT	12,000	12,000		0.0%
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	12,000	12,000	0	0.0%

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DEF-MDL-14329.00035

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS___ SFY-2022
SUD LIAISON PROGRAM

5/1/2011

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE: _____				
D	LCADAMHS				
	BOARD				
	FUNDING				
	GRANT	65,074	72,357		0.0%
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	65,074	72,357	0	0.0%

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DEF-MDL-14329.00036

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
SERVICE - SUD GROUP COUNSELING

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)	158,692	213,787		
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY RENT				
	INSURANCE	19,719	19,719		
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GEAUGA ADAMHS BD				
C	STATE FUNDS				
	THROUGH LAKE BOARD				
	CARRYOVER 2017 ATP				
D	LCADAMHS				
	GRANT	49,649	49,649	0	0.0%
	LCADAMHS				
	POS	60,131	47,049		
	FUNDING				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)	11,263	11,263		
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER-PROVIDER FUNDS	42,013			
	TOTALS	380,268	341,467	0	0.0%

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LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GEAUGA RECOVERY CENTERS__ SFY-2022
WELLNESS FITNESS RESIDENTIAL PROGRAM

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GEAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE: _____				
D	LCADAMHS				
	BOARD				
	FUNDING				
	GRANT	90,000	90,000		0.0%
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	90,000	90,000	0	0.0%

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DEF-MDL-14329.00038

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GEAUGA RECOVERY CENTERS__ SFY-2022
RESIDENTIAL SUD CASE MANAGER

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GEAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE: _____				
D	LCADAMHS				
	BOARD		43,119		0.0%
	FUNDING				
	GRANT				
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	0	43,119	0	0.0%

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DEF-MDL-14329.00039

LAKE COUNTY ADAMHS BOARD
GRANT REVENUE BY SOURCEPROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
PEER RECOVERY SUPPORT

5/1/2021

	REVENUE SOURCE	BUDGETED REVENUES PREV FY	SFY-2022 BUDGETED REVENUE	SFY-2022 ACTUAL REVENUE	% of Bgt
A	FEDERAL				
	TITLE XX (MH CONTRACT)				
	TITLE XX (DIRECT)				
	TITLE XIX (MEDICAID)				
	OTHER - WOMEN ADA				
	OTHER				
B	FEES				
	CLIENT - DIRECT PAY				
	INSURANCE				
	CONSULTATION & EDUCATION				
	OTHER - FOODSTAMPS				
	OTHER - GAUGA ADAMHS BD				
C	STATE FUNDS				
	NOT THROUGH BOARD				
	SPECIFY SOURCE:				
D	LCADAMHS				
	BOARD				
	FUNDING				
	GRANT	81,065	81,065		0.0%
	TITLE XX LOCAL MATCH				
	TITLE XIX LOCAL MATCH				
E	UNITED WAY (LAKE)				
	UNITED WAY SERVICES				
F	DONATIONS				
G	FUND RAISING ACTIVITY				
	FUND RAISING ACTIVITY				
H	FOUNDATION GRANT				
I	CASH TRANSFER OF INTERFUND LOAN				
J	REFUNDS & REIMBURSEMENTS				
K	MISCELLANEOUS				
	MISCELLANEOUS				
L	OTHER				
	TOTALS	81,065	81,065	0	0.0%

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LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORTPROVIDER: LAKE-GAUGA RECOVERY CENTERS SFY-2022
SERVICE: RESIDENTIAL - NEVAEH RIDGE

5/1/2021

LINE ITEMS	BUDGETED EXPENSES PREVIOUS FY	BUDGETED EXPENSES SFY-2022	ACTUAL EXPENSES SFY2022
0.1 SALARIES, WAGES, ETC.	211,191	211,191	
0.2 CONTRACTS SERVICES			
SALARIES & CONTRACTS SUBTOTAL	211,191	211,191	
1.1 EMPLOYER'S SHARE PERS (FICA)	16,156	16,156	
1.2 LIFE INSURANCE	231	231	
1.3 HEALTH INSURANCE	18,890	18,890	
1.4 WORKMAN'S COMPENSATION	1,902	1,802	
1.5 UNEMPLOYMENT COMPENSATION	1,047	1,047	
1.6 OTHER FRINGE	6,336	6,336	
FRINGE BENEFITS SUBTOTAL	44,462	44,462	
2.1 HOUSEKEEPING	4,175	4,175	
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC (RHA)	0		
2.5 FOOD	15,759	15,759	
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	19,933	19,933	
3.1 PUBLICATIONS, PAMPHLETS, ETC.			
3.2 PRINTING			
3.3 DUES & REGISTRATION			
3.4 EQUIPMENT REPAIRS			
3.5 RECRUITMENT & ADVERTISING			
OPERATING EXPENSES SUBTOTAL			
4.1 TELEPHONE	205	205	
4.2 POSTAGE			
4.3 OFFICE SUPPLIES	616	616	
4.4 EQUIPMENT RENTALS	4,803	4,803	
OFFICE EXPENSES SUBTOTAL	5,624	5,624	
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	2,979	2,979	
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	2,979	2,979	
6.1 BUILDING REPAIRS, MAINT.	8,816	8,816	
6.2 UTILITIES	12,179	12,179	
6.3 RENT (INCLUDE IN-KIND)	30,000	30,000	
6.4 INSURANCE	1,191	1,191	
BUILDING EXPENSES SUBTOTAL	52,186	52,186	
7.1 OFFICE EQUIPMENT	1,200	1,200	
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT			
7.4 FURNISHINGS			
EQUIPMENT & IMPROV. SUBTOTAL	1,200	1,200	
8.1 AUDIT	1,500	1,500	
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	1,479	1,479	
8.4 TUITION REIMBURS/TRAINING			
8.5 MISCELLANEOUS	211	211	
OTHER EXPENSES SUBTOTAL	3,190	3,190	
TOTAL EXPENSES	340,765	340,766	0

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ADAMHS000027938

DEF-MDL-14329.00041

LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORT

PROVIDER: LAKE-GAUGA RECOVERY CENTERS___ SFY-2022
SERVICE: MEDICAL AFTERCARE-ADULT

5/1/2021

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY2022</u>
0.1 SALARIES, WAGES, ETC.	581	581	
0.2 CONTRACTS SERVICES	10,600	10,600	
<i>SALARIES & CONTRACTS SUBTOTAL</i>	<i>11,181</i>	<i>11,181</i>	
1.1 EMPLOYER'S SHARE PERS (FICA)	72	72	
1.2 LIFE INSURANCE	5	5	
1.3 HEALTH INSURANCE	18	18	
1.4 WORKMAN'S COMPENSATION	146	146	
1.5 UNEMPLOYMENT COMPENSATION	6	6	
1.6 OTHER FRINGE	20	20	
<i>FRINGE BENEFITS SUBTOTAL</i>	<i>257</i>	<i>257</i>	
2.1 HOUSEKEEPING	0	0	
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0	0	
2.5 FOOD	0	0	
2.6 PERSONAL HYGIENE			
<i>OPERATING SUPPLIES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0	0	
3.2 PRINTING	0	0	
3.3 DUES & REGISTRATION	0	0	
3.4 EQUIPMENT REPAIRS	0	0	
3.5 RECRUITMENT & ADVERTISING	0	0	
<i>OPERATING EXPENSES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
4.1 TELEPHONE	0	0	
4.2 POSTAGE	0	0	
4.3 OFFICE SUPPLIES	0	0	
4.4 EQUIPMENT RENTALS	0	0	
<i>OFFICE EXPENSES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	0	0	
5.3 OUT-OF-STATE TRAVEL			
<i>TRAVEL EXPENSES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
6.1 BUILDING REPAIRS, MAINT.	0	0	
6.2 UTILITIES	0	0	
6.3 RENT (INCLUDE IN-KIND)	0	0	
6.4 INSURANCE	0	0	
<i>BUILDING EXPENSES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
7.1 OFFICE EQUIPMENT	0	0	
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0	0	
7.4 FURNISHINGS			
<i>EQUIPMENT & IMPROV. SUBTOTAL</i>	<i>0</i>	<i>0</i>	
8.1 AUDIT	0	0	
8.2 LEGAL	0	0	
8.3 LIABILITY INSURANCE	0	0	
8.4 TUITION REIMBURS/TRAINING			
8.5 MISCELLANEOUS	0	0	
<i>OTHER EXPENSES SUBTOTAL</i>	<i>0</i>	<i>0</i>	
TOTAL EXPENSES	11,448	11,448	0

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ADAMHS000027939

DEF-MDL-14329.00042

LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORTPROVIDER: LAKE-GAUGA RECOVERY CENTERS___ SFY-2022
SERVICE: MEDICAL SOMATIC

5/1/2021

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY2022</u>
0.1 SALARIES, WAGES, ETC.	170,472	161,250	
0.2 CONTRACTS SERVICES	0		
SALARIES & CONTRACTS SUBTOTAL	170,472	161,250	
1.1 EMPLOYER'S SHARE PERS (FICA)	13,855	13,617	
1.2 LIFE INSURANCE	1,120	1,120	
1.3 HEALTH INSURANCE	27,888	24,689	
1.4 WORKMAN'S COMPENSATION	1,992	1,992	
1.5 UNEMPLOYMENT COMPENSATION	859	859	
1.6 OTHER FRINGE	4,209		
FRINGE BENEFITS SUBTOTAL	49,923	42,277	
2.1 HOUSEKEEPING	0		
2.2 EDUCATIONAL/RECREATIONAL	0		
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0	139,708	
2.5 FOOD	0		
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	0	139,708	
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0		
3.2 PRINTING	0		
3.3 DUES & REGISTRATION	0		
3.4 EQUIPMENT REPAIRS	0		
3.5 RECRUITMENT & ADVERTISING	0		
OPERATING EXPENSES SUBTOTAL	0		
4.1 TELEPHONE	214		
4.2 POSTAGE	105		
4.3 OFFICE SUPPLIES	105		
4.4 EQUIPMENT RENTALS	111,388		
OFFICE EXPENSES SUBTOTAL	111,707		
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	0		
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	0		
6.1 BUILDING REPAIRS, MAINT.	206		
6.2 UTILITIES	0		
6.3 RENT (INCLUDE IN-KIND)	0		
6.4 INSURANCE	0		
BUILDING EXPENSES SUBTOTAL	206		
7.1 OFFICE EQUIPMENT	0		
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	2,400	2,400	
7.4 FURNISHINGS			
EQUIPMENT & IMPROV. SUBTOTAL	2,400	2,400	
8.1 AUDIT	0		
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	180	180	
8.4 TUITION REIMBURS/TRAINING	0		
8.5 MISCELLANEOUS	0		
OTHER EXPENSES SUBTOTAL	180	180	
TOTAL EXPENSES	334,889	345,815	0

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ADAMHS000027940

DEF-MDL-14329.00043

LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORT

PROVIDER: LAKE-GAUGA RECOVERY CENTERS___ SFY-2022
SERVICE: GRIEF SUPPORT GROUP

5/1/2022

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY2022</u>
0.1 SALARIES, WAGES, ETC.	6,796	6,796	
0.2 CONTRACTS SERVICES	0		
SALARIES & CONTRACTS SUBTOTAL	6,796	6,796	
1.1 EMPLOYER'S SHARE PERS (FICA)	549	520	
1.2 LIFE INSURANCE	44	44	
1.3 HEALTH INSURANCE	1,105	1,105	
1.4 WORKMAN'S COMPENSATION	79	79	
1.5 UNEMPLOYMENT COMPENSATION	34	34	
1.6 OTHER FRINGE	167	122	
FRINGE BENEFITS SUBTOTAL	1,978	1,904	
2.1 HOUSEKEEPING	101	100	
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0		
2.5 FOOD	0		
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	101	100	
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0		
3.2 PRINTING	0		
3.3 DUES & REGISTRATION	0		
3.4 EQUIPMENT REPAIRS	0		
3.5 RECRUITMENT & ADVERTISING	0		
OPERATING EXPENSES SUBTOTAL	0		
4.1 TELEPHONE	0		
4.2 POSTAGE	0		
4.3 OFFICE SUPPLIES	0		
4.4 EQUIPMENT RENTALS	500	500	
OFFICE EXPENSES SUBTOTAL	500	500	
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	450	500	
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	450	500	
6.1 BUILDING REPAIRS, MAINT.	1,151	1,200	
6.2 UTILITIES	541	500	
6.3 RENT (INCLUDE IN-KIND)	0		
6.4 INSURANCE	100	100	
BUILDING EXPENSES SUBTOTAL	1,792	1,800	
7.1 OFFICE EQUIPMENT	0		
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	231	300	
7.4 FURNISHINGS			
EQUIPMENT & IMPROV. SUBTOTAL	231	300	
8.1 AUDIT	69		
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	83	100	
8.4 TUITION REIMBURSE/TRAINING			
8.5 MISCELLANEOUS	0		
OTHER EXPENSES SUBTOTAL	153	100	
TOTAL EXPENSES	12,000	12,000	0

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ADAMHS000027941

DEF-MDL-14329.00044

LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORT

PROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022

SERVICE: SUD LIAISON PROGRAM

5/1/2021

LINE ITEMS	BUDGETED EXPENSES PREVIOUS FY	BUDGETED EXPENSES SFY-2022	ACTUAL EXPENSES SFY2022
0.1 SALARIES, WAGES, ETC.	55,670	57,000	
0.2 CONTRACTS SERVICES	0	0	
SALARIES & CONTRACTS SUBTOTAL	55,670	57,000	
1.1 EMPLOYER'S SHARE PERS (FICA)	4,428	4,361	
1.2 LIFE INSURANCE	358	179	
1.3 HEALTH INSURANCE	8,913	9,206	
1.4 WORKMAN'S COMPENSATION	637	432	
1.5 UNEMPLOYMENT COMPENSATION	275	244	
FRINGE BENEFITS SUBTOTAL	15,956	14,421	
2.1 HOUSEKEEPING	0		
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0		
2.5 FOOD	0		
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	0		
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0		
3.2 PRINTING	0		
3.3 DUES & REGISTRATION	0		
3.4 EQUIPMENT REPAIRS	0		
3.5 RECRUITMENT & ADVERTISING	0		
OPERATING EXPENSES SUBTOTAL	0		
4.1 TELEPHONE	0		
4.2 POSTAGE	0		
4.3 OFFICE SUPPLIES	104		
4.4 EQUIPMENT RENTALS	0		
OFFICE EXPENSES SUBTOTAL	104		
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	600	936	
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	600	936	
6.1 BUILDING REPAIRS, MAINT.	0		
6.2 UTILITIES	0		
6.3 RENT (INCLUDE IN-KIND)	0		
6.4 INSURANCE	0		
BUILDING EXPENSES SUBTOTAL	0		
7.1 OFFICE EQUIPMENT	0		
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0		
7.4 FURNISHINGS			
EQUIPMENT & IMPROV. SUBTOTAL	0		
8.1 AUDIT	0		
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	0		
8.4 TUITION REIMBURS/TRAINING			
8.5 MISCELLANEOUS	0		
OTHER EXPENSES SUBTOTAL	0		
TOTAL EXPENSES	72,330	72,357	0

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DEF-MDL-14329.00045

LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORT

PROVIDER: LAKE-GAUGA RECOVERY CENTERS__ SFY-2022
SERVICE - SUD GROUP COUNSELING

5/1/2021

LINE ITEMS	BUDGETED EXPENSES PREVIOUS FY	BUDGETED EXPENSES SFY-2022	ACTUAL EXPENSES SFY2022
0.1 SALARIES, WAGES, ETC.	239,631	239,631	0
0.2 CONTRACTS SERVICES	0	0	0
SALARIES & CONTRACTS SUBTOTAL	239,631	239,631	0
1.1 EMPLOYER'S SHARE PERS (FICA)	18,332	18,332	0
1.2 LIFE INSURANCE	1,348	1,348	0
1.3 HEALTH INSURANCE	42,379	42,379	0
1.4 WORKMAN'S COMPENSATION	3,105	3,105	0
1.5 UNEMPLOYMENT COMPENSATION	1,749	1,749	0
1.6 OTHER FRINGE	6,540	6,540	0
FRINGE BENEFITS SUBTOTAL	73,453	73,453	0
2.1 HOUSEKEEPING	3,485	3,485	
2.2 EDUCATIONAL/RECREATIONAL	0	0	0
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0	0	0
2.5 FOOD			
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	0	0	0
3.1 PUBLICATIONS, PAMPHLETS, ETC.	4,730	4,730	0
3.2 PRINTING	0	0	0
3.3 DUES & REGISTRATION	156	156	0
3.4 EQUIPMENT REPAIRS	0	0	0
3.5 RECRUITMENT & ADVERTISING	3,252	3,252	0
OPERATING EXPENSES SUBTOTAL	8,138	8,138	0
4.1 TELEPHONE	2,001	2,001	0
4.2 POSTAGE	0	0	0
4.3 OFFICE SUPPLIES	4,211	4,211	0
4.4 EQUIPMENT RENTALS	4,080	4,080	0
OFFICE EXPENSES SUBTOTAL	10,292	10,292	0
5.1 AUTO REPAIR, MAINT, INS. ETC.			
5.2 IN-STATE TRAVEL	1,000	1,000	0
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	1,000	1,000	0
6.1 BUILDING REPAIRS, MAINT.	0	0	0
6.2 UTILITIES	5,942	5,942	0
6.3 RENT (INCLUDE IN-KIND)	0	0	0
6.4 INSURANCE			0
BUILDING EXPENSES SUBTOTAL	5,942	5,942	0
7.1 OFFICE EQUIPMENT	0	0	0
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0	0	0
7.4 FURNISHINGS	0	0	0
EQUIPMENT & IMPROV. SUBTOTAL	0	0	0
8.1 AUDIT	0	0	0
8.2 LEGAL	0	0	0
8.3 LIABILITY INSURANCE	2,011	2,011	0
8.4 TUITION REIMBURS/TRAINING	1,000	1,000	0
8.5 MISCELLANEOUS			
OTHER EXPENSES SUBTOTAL	3,011	3,011	0
TOTAL EXPENSES	341,467	341,467	0

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LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORT

PROVIDER: LAKE-GAUGA RECOVERY CENTERS SFY-2022
SERVICE - WELLNESS FITNESS RESIDENTIAL PROGRAM

5/1/2021

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY2022</u>
0.1 SALARIES, WAGES, ETC.	0	0	0
0.2 CONTRACTS SERVICES	90,000	90,000	0
SALARIES & CONTRACTS SUBTOTAL	90,000	90,000	0
1.1 EMPLOYER'S SHARE PERS (FICA)	0	0	0
1.2 LIFE INSURANCE	0	0	0
1.3 HEALTH INSURANCE	0	0	0
1.4 WORKMAN'S COMPENSATION	0	0	0
1.5 UNEMPLOYMENT COMPENSATION	0	0	0
1.6 OTHER FRINGE	0	0	0
FRINGE BENEFITS SUBTOTAL	0	0	0
2.1 HOUSEKEEPING		0	
2.2 EDUCATIONAL/RECREATIONAL	0		0
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0	0	0
2.5 FOOD		0	
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	0	0	0
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0	0	0
3.2 PRINTING	0	0	0
3.3 DUES & REGISTRATION	0	0	0
3.4 EQUIPMENT REPAIRS	0	0	0
3.5 RECRUITMENT & ADVERTISING	0	0	0
OPERATING EXPENSES SUBTOTAL	0	0	0
4.1 TELEPHONE	0	0	0
4.2 POSTAGE	0	0	0
4.3 OFFICE SUPPLIES	0	0	0
4.4 EQUIPMENT RENTALS	0	0	0
OFFICE EXPENSES SUBTOTAL	0	0	0
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	0	0	0
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	0	0	0
6.1 BUILDING REPAIRS, MAINT.	0	0	0
6.2 UTILITIES	0	0	0
6.3 RENT (INCLUDE IN-KIND)	0	0	0
6.4 INSURANCE	0	0	0
BUILDING EXPENSES SUBTOTAL	0	0	0
7.1 OFFICE EQUIPMENT	0	0	0
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0	0	0
7.4 FURNISHINGS	0		0
EQUIPMENT & IMPROV. SUBTOTAL	0	0	0
8.1 AUDIT	0	0	0
8.2 LEGAL	0	0	0
8.3 LIABILITY INSURANCE	0	0	0
8.4 TUITION REIMBURS/TRAINING	0		0
8.5 MISCELLANEOUS	0	0	
OTHER EXPENSES SUBTOTAL	0	0	0
TOTAL EXPENSES	90,000	90,000	0

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LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORTPROVIDER: LAKE-GEAUGA RECOVERY CENTERS SFY-2022
SERVICE: RESIDENTIAL SUD CASE MANAGEMENT

5/1/2021

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY2022</u>
0.1 SALARIES, WAGES, ETC.	0	30,000	
0.2 CONTRACTS SERVICES	0	0	
SALARIES & CONTRACTS SUBTOTAL	0	30,000	
1.1 EMPLOYER'S SHARE PERS (FICA)		2,295	
1.2 LIFE INSURANCE		61	
1.3 HEALTH INSURANCE		6,806	
1.4 WORKMAN'S COMPENSATION		225	
1.5 UNEMPLOYMENT COMPENSATION		244	
1.6 OTHER FRINGE		1,088	
FRINGE BENEFITS SUBTOTAL		10,719	
2.1 HOUSEKEEPING	0		
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0		
2.5 FOOD	0		
2.6 PERSONAL HYGIENE			
OPERATING SUPPLIES SUBTOTAL	0		
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0		
3.2 PRINTING	0		
3.3 DUES & REGISTRATION	0		
3.4 EQUIPMENT REPAIRS	0		
3.5 RECRUITMENT & ADVERTISING	0		
OPERATING EXPENSES SUBTOTAL	0		
4.1 TELEPHONE	0		
4.2 POSTAGE	0		
4.3 OFFICE SUPPLIES	0		
4.4 EQUIPMENT RENTALS	0		
OFFICE EXPENSES SUBTOTAL	0		
5.1 AUTO REPAIR, MAINT, INS. ETC.			
5.2 IN-STATE TRAVEL	0	2,400	
5.3 OUT-OF-STATE TRAVEL			
TRAVEL EXPENSES SUBTOTAL	0	2,400	
6.1 BUILDING REPAIRS, MAINT.	0		
6.2 UTILITIES	0		
6.3 RENT (INCLUDE IN-KIND)	0		
6.4 INSURANCE	0		
BUILDING EXPENSES SUBTOTAL	0		
7.1 OFFICE EQUIPMENT	0		
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0		
7.4 FURNISHINGS			
EQUIPMENT & IMPROV. SUBTOTAL	0		
8.1 AUDIT	0		
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	0		
8.4 TUITION REIMBURS/TRAINING			
8.5 MISCELLANEOUS	0		
OTHER EXPENSES SUBTOTAL	0		
TOTAL EXPENSES	0	43,119	0

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LAKE COUNTY ADAMHS BOARD
GRANT LINE ITEM EXPENDITURE BUDGET REPORTPROVIDER: LAKE-GAUGA RECOVERY CENTERS SFY-2022
SERVICE: PEER RECOVERY SUPPORT

5/1/2021

<u>LINE ITEMS</u>	<u>BUDGETED EXPENSES PREVIOUS FY</u>	<u>BUDGETED EXPENSES SFY-2022</u>	<u>ACTUAL EXPENSES SFY-2022</u>
0.1 SALARIES, WAGES, ETC.	63,228	63,228	
0.2 CONTRACTS SERVICES	0	0	
<i>SALARIES & CONTRACTS SUBTOTAL</i>	<i>63,228</i>	<i>63,228</i>	
1.1 EMPLOYER'S SHARE PERS (FICA)	4,837	4,837	
1.2 LIFE INSURANCE	0	61	
1.3 HEALTH INSURANCE	13,674	9,821	
1.4 WORKMAN'S COMPENSATION	0	474	
1.5 UNEMPLOYMENT COMPENSATION	0	244	
1.6 OTHER FRINGE	2,000	0	
<i>FRINGE BENEFITS SUBTOTAL</i>	<i>20,411</i>	<i>15,437</i>	
2.1 HOUSEKEEPING	0		
2.2 EDUCATIONAL/RECREATIONAL			
2.3 DRUGS			
2.4 MEDICAL, LAB & THERAPEUTIC	0		
2.5 FOOD	0		
2.6 PERSONAL HYGIENE			
<i>OPERATING SUPPLIES SUBTOTAL</i>	<i>0</i>		
3.1 PUBLICATIONS, PAMPHLETS, ETC.	0		
3.2 PRINTING	0		
3.3 DUES & REGISTRATION	0		
3.4 EQUIPMENT REPAIRS	0		
3.5 RECRUITMENT & ADVERTISING	0		
<i>OPERATING EXPENSES SUBTOTAL</i>	<i>0</i>		
4.1 TELEPHONE	0		
4.2 POSTAGE	0		
4.3 OFFICE SUPPLIES	0		
4.4 EQUIPMENT RENTALS	0		
<i>OFFICE EXPENSES SUBTOTAL</i>	<i>0</i>		
5.1 AUTO REPAIR, MAINT, INS, ETC.			
5.2 IN-STATE TRAVEL	0	2,400	
5.3 OUT-OF-STATE TRAVEL			
<i>TRAVEL EXPENSES SUBTOTAL</i>	<i>0</i>	<i>2,400</i>	
6.1 BUILDING REPAIRS, MAINT.	0		
6.2 UTILITIES	0		
6.3 RENT (INCLUDE IN-KIND)	0		
6.4 INSURANCE	0		
<i>BUILDING EXPENSES SUBTOTAL</i>	<i>0</i>		
7.1 OFFICE EQUIPMENT	0		
7.2 BUILDING IMPROVEMENTS			
7.3 PROGRAM EQUIPMENT	0		
7.4 FURNISHINGS			
<i>EQUIPMENT & IMPROV. SUBTOTAL</i>	<i>0</i>		
8.1 AUDIT	0		
8.2 LEGAL	0		
8.3 LIABILITY INSURANCE	0		
8.4 TUITION REIMBURS/TRAINING			
8.5 MISCELLANEOUS	0		
<i>OTHER EXPENSES SUBTOTAL</i>	<i>0</i>		
TOTAL EXPENSES	83,639	81,065	0

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DEF-MDL-14329.00049



Purchase of Service (POS)

SECTION I

SFY22 PROPOSAL FORM

DATE: 4/30/2021

TO: Lake County Alcohol, Drug Addiction and Mental Health Services Board

FROM: LAKE-GAUGA RECOVERY CENTERS INC.

Name of Proposer

BY: MELANIE J. BLASKO

Person Submitting Proposal

ADDRESS: 9083 MENTOR AVENUE

MENTOR, OH 44060

Having examined the specifications for the type(s) of service(s) for which this Proposal is submitted, and also having read the Instructions to Proposers and Fiscal Specifications, and having examined the proposed contract, the undersigned hereby proposes to furnish the following service(s) at the cost noted:

NON-Medicaid Grant Contract Service Proposal

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
1. Evaluation and Management * POS	\$111.11	6	\$667	(\$666)	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
2. MH Psyc. Diag. Eval. w/o Medical					
3. Psychotherapy for Crisis					
4. Psychotherapy Services ** POS	\$102.31	732	\$74,355	\$19,619	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
5. Community Services ***					
6. Mental Health Day Treatment					
7. Inpatient Psychiatric Service					
8. SUD Psyc. Diag. Eval. w/o Medical POS	\$111.11	195	\$21,666	(\$22,778)	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
9. SUD Peer Recovery Support GRANT	\$81,065.00	1	\$81,065	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
10. SUD Individual Counseling POS					
11. SUD Group Counseling POS	\$7.21	6526	\$47,049	(\$13,079)	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
12. SUD Case Management POS	\$19.54	635	\$12,408	(\$5,080)	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
13. SUD Urine Drug Screen POS	\$14.48	800	\$11,584	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
14. SUD RN/LPN Services					

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SUD Intensive Outpatient Level of Care						Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
15. Group Counseling POS	\$149.88	1189	8,207	(\$23,382)		

* Evaluation and Management incorporates: Office Visits, Home Visits, Prolonged Visits/Add Ons, Psychiatric Diagnostic Evaluations/including Interactive Complexity, Medications Administered by Medical Professionals

**Psychotherapy Services incorporates: Individual Psychotherapy, Family Psychotherapy, Group Psychotherapy

***Community Services incorporates: Therapeutic Behavioral Services (TBS), RN/LPN Nursing Services, Psychosocial Rehabilitation (PSR), Community Psychiatric Supportive Treatment

NON-Medicaid Grant Contract Service Proposal

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
16. SUD Partial Hospitalization (PH) Level of Care Group Counseling					
17. SUD Withdrawal Management with Extended On Site Monitoring					
18. SUD Clinically Managed Low-Intensity Residential Treatment-Lake, Oak, Concord	\$152.57	69	\$10,572	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
19. SUD Clinically Managed Residential Withdrawal Management					
20. SUD Clinically Managed Population-Specific High Intensity Residential Treatment					
21. SUD Clinically Managed High Intensity Residential Treatment-Lake, Oak, Concord	\$213.70	239	\$51,074	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
22. SUD Medically Monitored Intensive Inpatient Treatment (Adults)					
23. SUD Medically Monitored Intensive Inpatient Treatment (Adolescents)					
24. SUD Medically Monitored Inpatient Withdrawal Management					
25. SUD Ambulatory Detox and MAT-GRANT	\$120.00	349.2	\$41,902	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
26. SUD Sub-Acute Detox Services					
27. BH Hotline Services					
28. Information and Referral					
29. Housing Subsidies					
30. Emergency Housing Vouchers					

NON-Medicaid Grant Contract Service Proposal (continued)

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Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
31. Housing Support Worker					
32. Proj Assist in Trans from Homeless (PATH)					
33. Shelter Plus Care					
34. Property Acquisition and Management					
35. Residential Care-Nevaeh Ridge GRANT	\$120.17	1404	\$168,729	\$22,000	Any adult women seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
36. Peer Services					
37. Transportation Service					
38. Employment					
39. Criminal Justice					
Jail Diversion Program GRANT	\$1,250.00	120	\$150,000	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
Jail Treatment					
Juvenile Justice					

NON-Medicaid Grant Contract Service Proposal (continued)

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
40. MH Prevention:					
Alternatives					
Community Based Process					
Education					
Environmental					
Information Dissemination					
Problem Identification and Referral					
total non-Medicaid grant request for Mental Health Prevention services					
41. SUD Prevention:					
Alternatives					
Community Based Process					
Education POS	\$7.21	5582	\$40,246	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
Environmental					
Information Dissemination					
Problem Identification and Referral POS	\$19.54	64	\$1,251	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
total non-Medicaid grant request for Substance Use Disorder Prevention services					

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42.	Resp & Ther Care for SEDC/A and Fam					
CARE COORDINATION						
43.	Behavioral Health Liaison Program					
44.	SUD Liaison Program GRANT	\$72,357.00	1	\$72,357	\$7,283	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
45.	Transition Age Youth					
46.	Other Care Coordination					
INTERVENTION/SUPPORT/ADVOCACY						
47.	Supplemental BH Services-Wellness Fitness Residential Program GRANT	\$90,000.00	1	\$90,000	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
48.	Supplemental BH Services-SUD Group Counseling Grant-supplemental to #11	\$49,649.00	1	\$49,649	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
49.	Supplemental BH Services-Grief Support Group GRANT	\$7.21	1664.4	\$12,000	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
50.	Supplemental BH Services-Medical Aftercare GRANT	\$194.33	54.55	\$10,601	\$0	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
51.	Residential Care-One weekend bed day for IOP group POS	\$131.67	243	\$32,001	\$32,000	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
52.	Residential Care-Quarantine Day POS	\$131.67	61	\$8,000	\$8,000	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
53.	Residential Care-SUD Case MGR-GRANT	\$43,119.00	1	\$43,119	\$43,119	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.
TOTALS				\$1,208,503	\$67,036.00	Any adult seeking alcohol or drug abuse treatment due to their own or others abuse of substances.

In addition to the above non-Medicaid service grant proposals above, please project the following:

TOTAL AMOUNT OF INDIGENT DRIVER TREATMENT FUND REVENUE: \$18,320TOTAL AMOUNT OF TITLE XX MATCH REQUIRED: \$2,984,520Signature: Melanie J. BlackType/Print Name Here: Melanie J. BlackCapacity of Signer: President CEO

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NOTE: Each person who signs a contract on behalf of a successful Proposal shall indicate below his/her name, the capacity by which he/she purports to bind the successful Proposer. If the successful Proposer is an individually-owned firm and the signer is other than the owner, or if the successful Proposer is a partnership and the signer is other than a partner, or if the successful Proposer is a corporation and the signer is other than the Chief Executive Officer, then the successful Proposer shall furnish to the Board a power of attorney authorizing the signer to bind the Proposer. If the Proposer is a corporation, in place of a power of attorney, there may be substituted a certified copy of the minutes of the Board of Directors' meeting wherein the signer was authorized to bind the corporation to such a contract.

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Provider Profile FY2020

Agency Name	Lake-Geauga Recovery Centers, Inc.
Street Address	9083 Mentor Avenue
City/State/Zip	Mentor, Ohio 44060
DUNS #	161889704
Number of Sites	14
Address(es) Where All Services Will Be Provided	Mentor Outpatient: 9083 Mentor Avenue, Mentor, Ohio, Painesville Outpatient: 134 South St. Clair, Painesville, Ohio Chardon Outpatient: 209 Center St. Unit E, Chardon, Ohio Lake House: 796 Oak St., Painesville, Ohio Oak House: 800 Oak St., Painesville, Ohio Concord Pines: 7302 Ravenna Road, Concord, Ohio Nevaeh Ridge: 9652 Old Johnny Cake Ridge, Mentor, Ohio Water Street: 114 Water Street, Chardon, Ohio The Bill Horvath House: 42 East Jackson Street, Painesville, Ohio Nowlen Manor: 8441 Nowlen Street, Mentor, Ohio The Meigs: 805 Meigs Avenue, Painesville, Ohio Eighty Forty-One: 8041 Mentor Avenue, Mentor, Ohio Twelve Meadows: 12700 Ravenna Road, Chardon, Ohio Geauga County Jail Treatment: 12450 Merritt Rd, Chardon, Ohio
Phone	440-255-0678
Fax	440-255-6348
e-mail	mblasko@lgrc.us
Website	www.lgrc.us
Executive Director/CEO	Melanie Blasko, LPC-S, LICDC-CS
Date Services Commenced	February 1971
Board Chair	John Lewis

Board Composition:

# Board Members	18		
# Self-identified Primary Consumers	10	% of total board members	56%
# Self-identified Secondary Consumers (family members)	3	% of total board members	17%

The Proposer Is (Check One):

<input type="checkbox"/>	Individual or Individually Owned	Owner:
<input type="checkbox"/>	Partnership of the State of:	Partners:
<input checked="" type="checkbox"/>	Corporation in the State of:	Name: Lake-Geauga Recovery Centers, Inc.
<input type="checkbox"/>	Non for Profit	Y
<input type="checkbox"/>	Other, Indicate Type:	Name:

Mission statement: To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay.

Agency description:

Lake-Geauga Recovery Centers provides a wide range of services for adults whose lives have been affected by their own or another's use of alcohol or drugs, problem gambling, or mental illness. The

Center is unique in that it offers a full continuum of care, from an 8-hour Education Program, to a wide variety of outpatient services, up to long-term residential treatment and recovery housing, which allows the Center to provide truly individualized treatment, based on the client's specific needs.

Outpatient services are provided at the Centers' three locations in Mentor, Painesville and Chardon and include: intake, assessment, ambulatory detox, Medication Assisted Treatment, education, referral, individual and group counseling, dual intensive outpatient group and individual counseling, gender specific groups, treatment for problem gambling, tobacco cessation, family groups, grief support group, aftercare, relapse prevention, intensive outpatient treatment, drug/alcohol testing, telehealth, Opiate Recovery Program and psychiatrist consultation. We have expanded medication assisted treatment to include the provision of Suboxone as well as Vivitrol in order to provide more options for clients with opiate use disorder. Medication Assisted Treatment can also be used for those diagnosed with Alcohol Use Disorder.

Lake-Geauga Recovery Centers operates four long-term residential treatment programs; Lake House and Concord Pines, both 16 bed facilities for men, and Oak House, a 16 bed facility for women. The facilities offer a home-like atmosphere with easy access to public transportation, churches, YMCA, community 12 Step meetings, stores and other social service agencies. Oak House and Lake House are unique in that children ages 3 and under may accompany their mother or father to treatment, thereby maintaining family ties and reducing a barrier for parents of dependent children to access this level of care. Residential treatment is also offered for women ages 18 and over at Nevaeh Ridge, located in Mentor. This facility specializes in pregnant women and women with children ages 5 and under. The Center celebrated the birth of the 30th drug-free baby born to residents of Oak House and Nevaeh Ridge during FY21.

For individuals seeking a safe, sober and healthy living environment following the completion of treatment, Recovery Housing is currently offered for men at Water Street (Chardon), Bill Horvath House (Painesville), and The Meigs (Grand River). For women, the Center provides the following Level II Recovery Housing: Nowlen Manor (Mentor), Eighty Forty-One (Mentor) and Twelve Meadows (Chardon). The Center anticipates opening a Level I Recovery House in Geauga County for Lake and Geauga County women with children as part of year 2 of the SORS 2.0 grant.

(Detailed descriptions of these services are included in the Program Summary forms.)

The Center has operated a jail treatment program at Geauga County Safety Center since 1999.

In collaboration with Lake County Adult Probation, Lake-Geauga Recovery Centers operates two Aftercare Programs at its Mentor and Painesville Outpatient offices. In addition, the Center collaborated with Lake County Adult Probation for the development and implementation of the Opiate Recovery Program (ORP) beginning in May 2014. This Medication Assisted Treatment program was expanded to municipal court clients, developing ORP II, in January 2016. (See below).

Through our Prevention programs, we work with social and business groups, churches, schools and local citizens, and other social service agencies to increase their awareness and understanding of the disease of addiction and problem gambling. Lake-Geauga Recovery Centers operates the 72-hour Mike Link Driver Intervention Program 6 times a year at Camp Burton in Geauga County. Drug-Free Safety Program services are marketed to local businesses, and the agency is recognized as a Technical Assistance Provider by the Ohio Bureau of Workers Compensation and OMHAS. Other prevention services include community coalitions; alcohol, tobacco and other drug prevention and education

programs. The agency has collaborated with the Lake County Health District for the past several years for tobacco prevention through a grant from Ohio Department of Health.

Other prevention services include the Education Program, Problem Gambling Prevention and Anger Management Intervention

Lake-Geauga Recovery Centers participates in two criminal justice programs: the Addiction Treatment Program (ATP), launched as part of Ohio's multi-pronged strategy to fight prescription painkiller and heroin abuse, and the Criminal Justice/ Behavioral Health Linkage (CJ/BH) introduced by OMHAS to reduce the significant number of individuals incarcerated in correctional facilities with serious mental illness and/or addiction disorders. The ATP serves clients involved in the Lake County Drug Court with an opioid and/or alcohol addiction. The CJ/BH targets individuals involved in the criminal justice system, while incarcerated and/or upon their return to the community.

Primary areas of focus in the next 24-month period:

We will continue to monitor the impact of Behavioral Health Re-design and Medicaid Managed Care. Lake-Geauga Recovery Centers, along with other SUD providers across the state, is currently participating in beta testing for a universal Prior Authorization form and process to add consistency and uniformity among the five Managed Care Organizations. Administrative staff stay current on changes in BH Redesign, Medicaid and Managed Care through associations such as Ohio Council and OARP. We have contracted with Managed Care companies as well as private insurance, and have enrolled all eligible practitioners with Ohio Medicaid. In addition, in order to support our eligible counselors' efforts to pursue advanced licensure, Lake-Geauga Recovery Centers continues to pay for the cost of testing to advance to a higher level of licensure.

In addition to the above, the next 24 months will focus on:

- Conduct a successful capital campaign to support the construction of the new men's residential treatment facility.
- Implementation of CareLogic, a new electronic health record.
- Continue collaboration with Crossroads Health on the First Responder Program.
- Begin the Intense Relapse Prevention weekend program for Drug Court participants.
- Explore opportunities and develop a plan to integrate healthcare with LGRC services.
- Create and implement a plan to offer psychiatric services on a limited basis at LGRC.
- Expand residential treatment services with the construction of a new 16-bed facility for men, and the repurposing of Concord Pines as the new Neveah Ridge, thereby expanding access for pregnant women and women with children ages 5 and under.
- Open a recovery house for women with children in Geauga County (that serves both Geauga and Lake County residents).
- Support staff in developing expertise in trauma informed interventions in order to improve treatment outcomes and quality of life.
- Develop and expand services for seniors and LGBTQ population.
- Prepare for CARF and OMHAS reaccreditation.
- Continue to embrace and promote Recovery Oriented systems of Care model throughout the Centers' operations and delivery of care.
- Place a high priority on the delivery of exceptional client care, and assist clients in achieving highly favorable outcomes including long-term recovery and an improved quality of life.
- Succession planning for key management and administrative positions at LGRC.

Biggest challenge in the next 12-month period:

The COVID-19 pandemic, impact on our agency and the clients we serve will continue to be an area of concern and challenges. As of the preparing of this RFP, we are experiencing a small outbreak of COVID in one of our residential treatment settings. While we have become much better at managing these over the past year, it does have an impact on all the clients and staff in these congregate settings and greatly impacts service delivery. We continue to restrict residential clients from attending outside AA meetings as part of our COVID precautions, which diminishes their ability to build this foundation in recovery which is so critical upon discharge. 12-Step volunteers come to our facilities for meetings, yet it is definitely not the same level of support and fellowship that they receive while in the rooms of AA. We will continue to require all residents have a negative COVID test prior to admission, and will ensure that all residents interested in a vaccination receive one. We will maintain the quarantine beds at all locations as these have been essential in isolating positive cases from the staff and the other residents. We are grateful to the Lake ADAMHS board for funding the quarantine beds, and we do expect that these will be phased out in FY2022.

Overall, we are still recovering financially from the loss of revenue and fewer clients during the pandemic. All services in outpatient have returned to pre-COVID days, with the majority in-person. Our intakes and admissions continue to be lower than usual in our outpatient services, despite what we continue to read and hear about the anticipated surge. We will continue to use telehealth as needed, for clients with mobility issues, transportation and childcare issues.

On a more positive note, there have been many lessons learned along the way. The resiliency and tenacity of LGRC staff during this time was truly amazing and I'm proud to say we did not miss a day of providing services. The experience of the pandemic forced us all to think creatively and way outside the box. Many of those ideas proved successful and have been adopted as permanent operational or program changes.

Other challenges are those associated with Medicaid Managed Care, prior-authorization, rates, etc. We continue to monitor the impact and will work to adapt to their requirements.

The opiate epidemic, while taking a backseat to the pandemic this past year, is still ever present, with overdose rates hitting the highest number in a 12 month period since the epidemic began. We have been fortunate to be recipient of the SORS dollars as well as other funding to assist those with OUD.

By far, our most significant challenge continues to be the inadequate supply of workers trained in substance abuse treatment and prevention. It is of critical proportions and very concerning if we are to prepare for a BH surge following the pandemic. The demand for independent licensed counselors and social workers has become highly competitive. The expanded numbers of Substance Use Disorder providers opening across the state and locally, telehealth that moves across state lines, FQHCs, private hospitals and MCOs that pay a much higher salary than the other ADAMHS system providers, have all become areas of competition and challenge.

In addition to the fact that fewer people are entering this field as their chosen profession, the current workforce is aging, many are retiring. This past year two key employees retired, with another anticipated this fiscal year. Within the substance abuse treatment field, high turnover and a low rate of newly trained workers entering the field are common. The demand for licensed addiction professionals with graduate-level degrees has never been greater, yet sadly there seem to be few incentives to assist recruitment and retention in the addictions field.

We believe this issue will continue to have an impact on our agency and the industry as a whole and may ultimately impact the millions of individuals who will continue to suffer with addictive disorders. This is definitely a common theme across the state, as other treatment providers report large numbers of vacant positions at their agencies. We have formed relationships with several colleges and universities in Lake and Cuyahoga Counties, in order to encourage more internships at Lake-Geauga Recovery Centers, which often can be a lead to permanent employment. Plans are to continue to

nurture these new relationships, and continue our focus not only on recruitment, but enhancement of employee benefits to promote employee retention.

Administrative Strengths:

The President & CEO has over 39 years of experience in behavioral health and has worked at the agency for 17 years. She is licensed in the state of Ohio as a Licensed Professional Counselor with supervisory endorsement and a Licensed Independent Chemical Dependency Counselor with clinical supervision, is a graduate of the 2008 class of Leadership Lake County, is a member of Lakeland Community College's Human Services Advisory Committee, Mentor Drug Court Advisory Board, Geauga Drug Court Advisory Committee, and John Carroll University Clinical Mental Health Program Advisory Committee. The COO has been in the Behavioral and Social Health fields for over 17 years, the last 5 years in such management positions as Access to Care Manager and Outpatient Program Manager for substance and mental health treatment agencies. She possesses a Master's in Clinical Mental Health Counseling from Kent State University and has been credentialed as a Licensed Professional Clinical Counselor with a supervisory endorsement since 2010. She is a graduate of the Leadership Lake County class of 2019. Our CFO has over 20 years of experience in accounting and finance with the last 8 years in the not-for-profit arena. He is a licensed CPA in the state of Ohio.

Other management staff are licensed by the state of Ohio as a Licensed Independent Social Worker and Licensed Independent Chemical Dependency Counselors with clinical supervision and have extensive experience in behavioral health. All are compassionate, loyal and enthusiastic supporters of the agency mission and the client's we serve. Lake-Geauga Recovery Centers is a member and active participant of the Ohio Council of Behavioral Healthcare Providers, the Ohio Alliance of Recovery Providers and the Ohio Women's Network. Members of the Centers' management team also sit on numerous other committees including: the Community Health Improvement Plan Committee (Lake & Geauga County); Coalition for Housing & Support Services (Lake & Geauga County); Opiate Task Force (Lake & Geauga County); Friends of Lake ADAMHS; Lake County Re-entry Coalition; Citizen Circle; Video In-Reach Program, Lake-Geauga Training Committee; Domestic Violence Task Force (Lake & Geauga County); Trauma Response Team (Lake & Geauga County); Suicide Prevention Coalition (Lake & Geauga County); LakeHealth Psych Clinical Team; Directors Council; Lake Geauga Ashtabula Tobacco Coalition, Problem Gambling Coalition.

Our eighteen member Board of Directors are highly dedicated, diverse, successful business people who are deeply committed to the agency mission and have a great deal of compassion for those in recovery.

Clinical Strengths: Lake-Geauga Recovery Centers provides a wide range of services for persons whose lives have been affected by their own or another's use of drugs or alcohol, problem gambling or mental illness. Our mission is specifically focused on recovery of individuals directly and indirectly affected by alcoholism, drug abuse, problem gambling and other co-occurring mental health issues. Lake-Geauga Recovery Centers offers expert support to individuals, families, businesses, other service providers, and the community at large. Many staff members have personal experience, whether it is themselves or a loved one, with addiction, mental illness and recovery, and therefore approach their work with a tireless dedication and tremendous passion.

Areas of staff expertise at Lake-Geauga Recovery Centers include: Substance abuse; dual diagnosis; co-dependency; intervention; marriage and family counseling; grief and trauma; women's issues; gambling addiction, first responder, trauma focused – cognitive behavioral therapy, tobacco cessation, and prevention. Many staff members are independently-licensed chemical dependency counselors and/or mental health professionals with a specialty in substance abuse. The majority possess a Bachelor or Master's Degree and hold the credential of Licensed Independent Chemical Dependency Counselor, Licensed Chemical Dependency Counselor III, Certified Prevention Specialist, Licensed Social Worker, Licensed Independent Social Worker, Licensed Professional Clinical

Counselor, and Licensed Professional Counselor. Three staff have completed extensive training in the treatment of problem gambling. Lake-Geauga Recovery Centers provides in-service programs for staff, including ethics, cultural diversity and various topics of clinical significance. Clinical staff regularly seek opportunities for professional growth, attending trainings and workshops related to evidence-based research and practices, and to enhance their counseling and supervisory skills. Motivational Interviewing and Living In Balance, two evidence based practices, are the primary therapies utilized in outpatient and residential treatment.

Lake-Geauga Recovery Centers is extremely fortunate to have such an invested group of highly skilled, qualified individuals who compose the clinical team. The fact that they have chosen this field as their life's work is reflected in the exceptional care they offer to those who seek our services.

How has your agency "done more with less" over the past 12 months:

1. A significant area that greatly impacts our ability to do more with less is the 12-Step community. Their generosity, support and desire to "give back" never goes unnoticed. They happily volunteer of their time and resources for things that otherwise the agency would have to pay for. This may include donations of recovery reading material, transportation to meetings, appointments or work, up to providing skilled labor for facility maintenance and repairs. We continue to support and nurture this relationship with the 12-Step Community, and they have been a welcomed part of our Alumni Association.
2. The generosity of the Lake & Geauga County communities as a whole has been so humbling. Those who have been sadly impacted by the opiate epidemic and lost a loved one, have sought out Lake-Geauga Recovery Centers in order to make a monetary donation, or have donated clothing, furniture, etc.
3. We have become more deliberate in our efforts to secure pro bono work, from legal services, to staff training, construction materials, consultation and labor, with favorably results.
4. Utilized volunteers from RSVP for various projects and fundraising events, again saving the agency money.
5. Lake-Geauga Recovery Centers' Board of Directors stands ready to embark on another capital campaign to raise funds for the construction of a new men's residential treatment facility. The agency's previous experience with their first Capital Campaign to build the new Oak House helped staff and board build confidence and skills in raising money through private donations.
6. Our Development Officer has been instrumental in expanding the agency's donor base, increasing revenue from fundraising events and annual appeal, and in securing grants from various foundations, as well as in-kind donations.
7. Collaboration with Cleveland State, Lakeland Community College, Youngstown State, John Carroll and Case Western Reserve Universities, in providing graduate practicum for intern students who come to not only learn but also provide clinical services under supervision, at no cost to the agency.
8. Our quality, year round in-service schedule contains presenters willing to share their skills and expertise at no cost or low cost to the agency.
9. Dedicated clinical staff are cross-trained in all client procedures which allows for minimal interruption in operations and services in the event of an unplanned absence or position vacancy.
10. Requested projects for minor facilities improvements through United Way Day of Caring.
11. A "Wish List" is posted on our website for donations of various items to our residential and facilities and recovery houses.

Certifications/Licensures/Accreditations	Year of Expiration
Ohio Department of Mental Health and Addiction Services	February 2021 (extended to July 2, 2021 due to COVID)
Commission on Accreditation of Rehabilitation Facilities	November 30, 2021
Agency Programs & Services:	Target Population
Outpatient Alcohol, Drug, Tobacco and Gambling Treatment	Substance Use Disorders Adults
Intensive Outpatient Program Services	Substance Use Disorders Adults
Partial Hospitalization ASAM 2.5 SUD Adult Partial Hospitalization	Substance Use Disorders Adult Women
Residential Treatment ASAM 3.5 Clinically Managed High-Intensity Residential Services ASAM 3.1 Clinically Managed Low-Intensity Residential Services	Substance Use Disorders Adults
Recovery Housing	Substance Use Disorders Adults
Peer Recovery Support	Substance Use Disorders Adults
Medical Aftercare	Substance Use Disorders Adults
Mental Health (Dual Diagnosis)	Dually Diagnosed Adults
Dual IOP	Dually Diagnosed Adults
Outpatient Detox	Substance Use Disorders Adults
Medication Assisted Treatment	Opiate Dependent Adults
Family Education/ Awareness	Family/Significant Others
Grief Support Group	Family/Significant Others
Drug-Free Safety Program	Businesses and Industry
72-hour Driver Intervention Program	First-time OVI Offenders
Prevention and education for problem gambling, alcohol, tobacco and other drugs	General Public

Consumers Served FY2021 (annualize):

Unduplicated Current Clinical Active Caseload	409 Active
# Female	149
#Male	260
# of consumers between the ages of 0 – 12	0
# of consumers between the ages of 13 – 17	0
# of consumers between the ages of 18 – 64	403
# of consumers 65 and over	6
# of consumers receiving Medicaid services only	233
# of consumers receiving non-Medicaid services only	176
# of consumers receiving both Medicaid & non-Medicaid services	29 (Residential)

Estimated # of persons receiving prevention only services

30

Current fiscal year overview (not what is being proposed for the coming year):

Total Agency SFY 21 Expense Budget	Amount	% of Budget
SFY 21 total LCADAMHS budgeted contracts (non-Mcd, IDTF, Title XX Match)	\$1,141,469	19.6
Administrative Overhead	\$359,308	6.2
Support Costs	\$735,003	12.6
Budgeted SFY 21 Revenues	\$5,837,699	

Current Fund Balance in Reserve (months)	3	Do you have a policy?	Yes
Current Total # of Full Time Staff	56		
Current Total # of Part Time Staff	18		
Current # of Direct Service Staff	57	% of total staff =	77%

The

ADAMHS Quality Improvement Contract Compliance Review (all current year compliance reviews are not complete, report on previous year):

Outcome of SFY18 Review (Full/Partial/Non Compliance)	F/P/N Full	Date of last review:	October 2020
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Enrollment Compliance: Data collected working with MIS provider to submit data

# of Enrollees:	Currently Unavailable	% of total current caseload:	Currently Unavailable
Alcohol/Drug BH Mod Submission Level (%): Currently unavailable			

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- BOTH INDIVIDUAL AND GROUP
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

**OMHAS CERTIFICATION: 01-0510 Residential, Withdrawal Management and
Inpatient SUD Services**

PROGRAM NAME: Oak House Residential Treatment

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Oak House ASAM 3.5 Clinically Managed High-Intensity Residential Services / ASAM 3.1 Clinically Managed Low-Intensity Residential Services
Target Population	Adult females with SUD who have not achieved sobriety at less restrictive treatment settings such as outpatient and/or intensive outpatient, or have completed an inpatient detox program, prioritizing pregnant women, women with dependent children, and women of child-bearing age.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	3 (62 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	165
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	3 (60 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	73
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	61 total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	40.4
Number of Direct Service Staff Dedicated to Program	8.7
Number of Indirect Service (Support) Staff Dedicated to Program	1.5
Total anticipated program cost	\$690,451

Total program funding request from ADAMHS Board	\$8,026
ADAMHS as % of total program funding	1.2
Wait time for SFY21	We started an Admission List in place of a waiting list in FY20, to help prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.
Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) <p>Lake-Geauga Recovery Centers provides non-medical, long-term, residential treatment services. Oak House, a 16-bed women's facility is open 24 hours a day, seven days a week and offers a home-like atmosphere in a one story house. The facility is in close proximity to public transportation, churches, YMCA, community 12 Step Meetings, stores and social service agencies.</p> <p>Our residential treatment program is designed to provide residents with a structured, nurturing environment in which the individual can develop the skills, insight and support necessary to achieve long-term sobriety. The program provides residents with an understanding of addiction, and offers residents the opportunity to build a solid foundation of recovery. Family counseling services are made available to the families and loved ones of residents. Efforts have been maintained to accommodate handicapped individuals, and women with dependent children ages 0 to 3.</p> <p>Oak House is certified by the Commission for Accreditation of Rehabilitation Facilities (CARF) and The Ohio Department of Mental Health and Services (OMHAS) for Residential Treatment, Halfway House Treatment and Outpatient Treatment, thus offering clients a full continuum of services. In January 2018, with the onset of Ohio Medicaid BH Redesign, clients are placed in appropriate ASAM Levels of Care based on meeting on-going established ASAM criteria for ASAM 3.5 Clinically Managed High-Intensity Residential Services or after treatment progress ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Halfway House Level).</p> <p>Discharge and continuing care planning for all clients begins early in residential treatment in order to facilitate and support the newly- recovering chemically dependent individual to the community as a functioning, independent citizen. Counselors and treatment team, along with input from the client, will develop a plan that addresses their needs for housing, relationships, vocational training, child care, education, mental health and physical health. Continuing care plans include appropriate referrals to other community resources.</p>	

Top 3-5 Measurable Goals for Program in SFY2021
<ol style="list-style-type: none"> 1. 60% of women met or partially met treatment plan objectives. 2. 70% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year.

<p>3. 65% of contacted women who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following –</p> <ul style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling
Describe Achievement of SFY2021 Goals/Barriers to Success
<ul style="list-style-type: none"> 1. 55% of women completely met treatment plan objectives (58% partially or completely met treatment plan objectives). 2. 97% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at follow-up contact. 3. 63% of women contacted who <u>successfully</u> complete 90 days of residential treatment reported achieving the Performance Target of: Remaining abstinent at 6 months plus as outlined above.
Top 3-5 Measurable Goals for Program in SFY2022
<ul style="list-style-type: none"> 1. 60% of women partially or completely will meet treatment plan objectives. 2. 60% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of women who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – <ul style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
ASAM 3.5: H2036
ASAM 3.1: H2034

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PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- BOTH INDIVIDUAL AND GROUP
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

**OMHAS CERTIFICATION: 01-0510 Residential, Withdrawal Management and
Inpatient SUD Services**

PROGRAM NAME: Lake House Residential Treatment

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Lake House ASAM 3.5 Clinically Managed High-Intensity Residential Services / ASAM 3.1 Clinically Managed Low-Intensity Residential Services
Target Population	Adult males with SUD who have not achieved sobriety at less restrictive treatment settings such as outpatient and/or intensive outpatient, or have completed an inpatient detox program.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	6 (95 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	71
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	18 (80 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	276
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	75 total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	146.5
Number of Direct Service Staff Dedicated to Program	9.5
Number of Indirect Service (Support) Staff Dedicated to Program	1.4
Total anticipated program cost	\$693,670
Total program funding request from ADAMHS Board	\$26,810

ADAMHS as % of total program funding	3.9
Wait time for SFY21	We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.
Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) <p>Lake House is certified by the Commission for Accreditation of Rehabilitation Facilities (CARF) and the Ohio Department of Mental Health and Addiction Services (OMHAS) for Residential Treatment, Halfway House Treatment and Outpatient Treatment, thus offering clients a full continuum of services. Clients are placed in appropriate ASAM Levels of Care based on meeting on-going established ASAM criteria for ASAM 3.5 Clinically Managed High-Intensity Residential Services or after treatment progress ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Halfway House Level). Lake House is also unique in that it provides accommodations for men with children age 3 and under.</p> <p>Our residential treatment program is designed to provide residents with a structured, nurturing environment in which the individual can develop the skills, insight, and support necessary to achieve long-term sobriety. The program provides residents with an understanding of addiction, and offers them the opportunity to build a solid foundation of recovery. Family counseling services are available to the family members of residents.</p> <p>A significant part of treatment is having clients prepare for re-entry into society. Discharge and continuing care planning for all clients begins early in residential treatment in order to facilitate and support the newly-recovering chemically dependent individual to the community as a functioning, independent citizen. Counselors and treatment team, along with input from the client, will develop a plan addressing their needs for housing, relationships, vocational training, child care, education, mental health and physical health. The continuing care plan includes appropriate referrals to other community resources.</p>	
Top 3-5 Measurable Goals for Program in SFY2021 <ol style="list-style-type: none"> 1. 60% of men will achieve treatment plan objectives. 2. 50% of <u>all</u> men, on average, who were discharged from residential treatment will report continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of all men contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following -- <ol style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling 	
Describe Achievement of SFY2021 Goals/Barriers to Success <ol style="list-style-type: none"> 1. 46% (55% first half of FY) of men completely met treatment plan objectives (79% partially met treatment plan objectives). 	

<ul style="list-style-type: none"> 2. 65% of <u>all</u> men, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year. 3. 64% of men who <u>successfully</u> complete 90 days of residential treatment reported achieving the Performance Target of: Remaining abstinent at 6 months plus as outlined above.
Top 3-5 Measurable Goals for Program in SFY2022
<ul style="list-style-type: none"> 1. 60% of men will achieve treatment plan objectives. 2. 50% of <u>all</u> men, on average, who were discharged from residential treatment will report continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of men contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – <ul style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
SUD Treatment-ASAM 3.5: H2036 SUD Halfway House Services – ASAM 3.1: H2034

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- BOTH GROUP AND INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- GRANT

**OMHAS CERTIFICATION: 01-0510 Residential, Withdrawal Management and
Inpatient SUD Services**

PROGRAM NAME: Neveah Ridge Residential Treatment

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Nevaeh Ridge ASAM 3.5 Clinically Managed High-Intensity Residential Services / ASAM 3.1 Clinically Managed Low-Intensity Residential Services
Target Population	Adult females with SUD who have not achieved sobriety at less restrictive treatment settings such as outpatient and/or intensive outpatient, or have completed an inpatient detox program, specializing services for pregnant women and women with dependent children
Total Number of Consumers Served FY2020 with ADAMHS Dollars	0 (27 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	1340
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	0 (31 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	1205
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	42* *In November 2021, Nevaeh Ridge will become a 16 bed facility
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	1464
Number of Direct Service Staff Dedicated to Program	4.75
Number of Indirect Service (Support) Staff Dedicated to Program	.87

Total anticipated program cost	\$340,766
Total program funding request from ADAMHS Board	\$168,729
ADAMHS as % of total program funding	49.5
Wait time for SFY21	We started an Admission List in place of a waiting list in FY20, to help us prioritize and screen prospective admissions; rarely during this past year did persons have to wait for admissions unless for delays due to incarcerations or hospitalizations.
Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) <p>Nevaeh Ridge accommodates women with up to 2 children, ages 5 and under. It is certified by the Commission for Accreditation of Rehabilitation Facilities (CARF) and The Ohio Department of Mental Health and Services (OMHAS) for Residential Treatment, Halfway House Treatment and Outpatient Treatment, thus offering clients a full continuum of services. Clients are placed in appropriate ASAM Levels of Care based on meeting on-going established ASAM criteria for ASAM 3.5 Clinically Managed High-Intensity Residential Services or after treatment progress ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Halfway House Level). The women are provided:</p> <ul style="list-style-type: none"> ▪ Specialized and enhanced services that will be specifically designed to meet their unique needs (i.e. parenting skills, pre-natal care, intensive group therapy and individual counseling, independent living skills, family groups, integration into community 12-Step support groups, transportation.) ▪ On-site child care services. <p>Residents are also provided a structured, nurturing environment in which the individual can develop the skills, insight and support necessary to achieve long-term sobriety. The program provides residents with an understanding of addiction, and offers residents the opportunity to build a solid foundation of recovery. Family counseling services shall be made available to the families and loved ones of residents.</p> <p>Discharge and continuing care planning for all clients begins early in residential treatment in order to facilitate and support the newly-recovering individual into the community as a functioning, independent citizen. Counselors, treatment team and client will develop a plan that addresses their needs for housing, relationships, vocational training, child care, education, mental health and physical health. The continuing care plan will include appropriate referrals to other community resources.</p> <p>The current Concord Pines facility will be repurposed as the new Nevaeh Ridge which will increase occupancy from 6-16 women, depending on number of children.</p>	
Top 3-5 Measurable Goals for Program in SFY2021	
<ol style="list-style-type: none"> 1. 60% of women partially or completely met treatment plan objectives. 2. 70% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of women contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – 	

1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling
Describe Achievement of SFY2021 Goals/Barriers to Success
1. 71% of women completely met treatment plan objectives (86% partially or completely met their treatment objectives). 2. 98% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at follow-up contact. 3. 100% of women contacted (4/4) who <u>successfully</u> complete 90 days of residential treatment reported achieving the Performance Target of: Remaining abstinent at 6 months plus as outlined above.
Top 3-5 Measurable Goals for Program in SFY2022
1. 60% of women partially or completely met treatment plan objectives. 2. 60% of <u>all</u> women, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of women contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in Aftercare / Counseling
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
ASAM 3.5: H2036 ASAM 3.1: H2034 Residential Treatment MACSIS: A1220

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- BOTH INDIVIDUAL AND GROUP
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

**OMHAS CERTIFICATION: 01-0510 Residential, Withdrawal Management and
Inpatient SUD Services**

PROGRAM NAME: Concord Pines Residential Treatment

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form for Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Concord Pines ASAM 3.5 Clinically Managed High-Intensity Residential Services / ASAM 3.1 Clinically Managed Low-Intensity Residential Services
Target Population	Adult males with SUD who have not achieved sobriety at less restrictive treatment settings such as outpatient and/or intensive outpatient, or have completed an inpatient detox program.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	0 (18 total – Medicaid)
Total Number of Units Produced FY2020 with ADAMHS Dollars	0
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	4 (44 total – Medicaid)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	57
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	74 total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	146.5
Number of Direct Service Staff Dedicated to Program	6
Number of Indirect Service (Support) Staff Dedicated to Program	1
Total anticipated program cost	\$528,923
Total program funding request from ADAMHS Board	\$26,810

ADAMHS as % of total program funding	5.1%
Wait time for SFY21	Concord Pines opened on December 12, 2019, with a current 16 bed capacity. There has been no waiting time for Concord Pines.
Projected wait time for SFY22	None anticipated
<p>Brief Program Description (300 words or less) Since 1973, Lake-Geauga Recovery Centers has provided continuous non-medical, long-term, residential treatment services. Concord Pines, a 16-bed men's facility, operates 24 hours a day, seven days a week (opened December 12, 2019). Our residential treatment program is designed to provide residents with a structured, nurturing environment in which the individual can develop the skills, insight, and support necessary to achieve long-term sobriety. The program provides residents with an understanding of addiction, and offers them the opportunity to build a solid foundation of recovery. Family counseling services are available to the family members of residents.</p> <p>Concord Pines is certified by the Commission for Accreditation of Rehabilitation Facilities (CARF) and the Ohio Department of Mental Health and Addiction Services (OMHAS) for Residential Treatment, Halfway House Treatment and Outpatient Treatment, thus offering clients a full continuum of services. Clients are placed in appropriate ASAM Levels of Care based on meeting on-going established ASAM criteria for ASAM 3.5 Clinically Managed High-Intensity Residential Services or after treatment progress ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Halfway House Level).</p> <p>A significant part of treatment is having clients prepare for re-entry into society. Discharge and continuing care planning for all clients begins early in residential treatment in order to facilitate and support the newly-recovering individual to the community as a functioning, independent citizen. Counselors and the treatment team, along with input from the client, will develop a plan addressing their needs for housing, relationships, vocational training, child care, education, mental health and physical health. The continuing care plan includes appropriate referrals to other community resources including recovery housing.</p>	
Top 3-5 Measurable Goals for Program in SFY2021	
<ol style="list-style-type: none"> 1. 60% of men will achieve treatment plan objectives. 2. 50% of <u>all</u> men, on average, who were discharged from residential treatment will report continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of men contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – <ol style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income) 4) No new legal charges 5) Participation in aftercare or MH counseling 	
Describe Achievement of SFY2021 Goals/Barriers to Success	
<ol style="list-style-type: none"> 1. 66% of men completely met treatment plan objectives (88% partially or completely met treatment plan objectives). 2. 65% of <u>all</u> men, on average, who were discharged from residential treatment reported continuous sobriety at each 3 month follow-up contact for 1 year. 	

3. 100% of men contacted (4/4) who <u>successfully</u> complete 90 days of residential treatment reported achieving the Performance Target of: Remaining abstinent at 6 months plus as outlined above.
Top 3-5 Measurable Goals for Program in SFY2022
<ol style="list-style-type: none"> 1. 60% of men will achieve treatment plan objectives. 2. 50% of <u>all</u> men, on average, who were discharged from residential treatment will report continuous sobriety at each 3 month follow-up contact for 1 year. 3. 65% of men contacted who <u>successfully</u> complete 90 days of residential treatment will report achieving the Performance Target of: Remaining abstinent at 6 months post treatment, plus two or more of the following – <ol style="list-style-type: none"> 1) Positive, supportive relationships (active in 12-Step community) 2) Positive, supportive living environment 3) Self-supporting / employment (financial income)
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
ASAM 3.5: H2036
ASAM 3.1: H2034

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- INTERVENTION/SUPPORT/ADVOCACY

TARGET POPULATION

- ADULTS

MODE

- NON-CLINICAL

FUNDING REQUEST

- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: Grief Support Group

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Grief Support Group
Target Population	Families and individuals who have lost a loved one as result of substance abuse or addiction.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	21 duplicated participants
Total Number of Units Produced FY2020 with ADAMHS Dollars	21 duplicated participants
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	16 duplicated participants
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	16 duplicated participants
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	25 duplicated participants
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	25 duplicated participants
Number of Direct Service Staff Dedicated to Program	.10
Number of Indirect Service (Support) Staff Dedicated to Program	.03
Total anticipated program cost	\$12,000
Total program funding request from ADAMHS Board	\$12,000
ADAMHS as % of total program funding	100%
Wait time for SFY21	No wait time or wait list
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>Opioids (prescription or heroin) remain the driving factor behind the unintentional drug overdose epidemic in Ohio. Unintentional overdoses continues to be the leading cause of injury-related death in Ohio, ahead of motor vehicle traffic accidents, suicide and falls. This trend began in 2007 and continues to present, with 5 Ohioans dying each day due to drug overdose. Today, Ohio is now #1 in the country for number of overdose deaths.</p> <p>At Lake-Geauga Recovery Centers, 60-70% of our clients in our residential and intensive outpatient treatment programs have a primary diagnosis of opioid dependence. The very rapid increase in tolerance, severe withdrawal symptoms, cravings and a very high potential for relapse are all challenges in treating this population</p> <p>Many families and individuals are losing their loved ones to heroin and drug overdoses. Not only has Lake-Geauga Recovery Centers heard from family members and significant others about the loss of their loved ones, but many of our community behavioral health care partners also heard first hand from the grieving families and significant others about needing support and resources to assist them with their grief of losing loved ones.</p> <p>The Grief Recovery Support Group provides sources of help, compassion, counseling and most of all, understanding for families and individuals who have had a loved one die as a result of substance abuse or addiction. The free, weekly, evening support group is facilitated by an LGRC licensed counselor and a volunteer family member. The support group meets two hours each week for families and individuals seeking support and counseling for their grief. Our licensed addiction counselor and peer support individual assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 85% of participants engaged in Grief Support Group will report overall satisfaction with service. 2. Increase level of participation in group, goal of 6-8 participants per group
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. 94% of participants engaged in Grief Support Group reported overall satisfaction with service. 2. Attendance in Grief Support Group began decreasing between FY19 and FY20. COVID and having to shift between virtual and in person sessions can also play a part over the past year in attendance being low. With the rate of overdose increasing to its peak again over the past year, we are prepared to see an increase in attendance to this group.
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 90% of participants engaged in Grief Support Group will report overall satisfaction with service. 2. Increase numbers of participants, goal of 6-8 participants per group
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p> <p>NA</p>

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CARE COORDINATION

TARGET POPULATION

- ADULTS

MODE

- BOTH INDIVIDUAL AND GROUP
- CLINICAL

FUNDING REQUEST

- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: Medical Aftercare

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Medical Aftercare
Target Population	Outpatient and Residential Treatment clients
Total Number of Consumers Served FY2020 with ADAMHS Dollars	60
Total Number of Units Produced FY2020 with ADAMHS Dollars	0.00
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	70
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	0.00
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	70
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	54.5
Number of Direct Service Staff Dedicated to Program	1.0
Number of Indirect Service (Support) Staff Dedicated to Program	0
Total anticipated program cost	\$11,448
Total program funding request from ADAMHS Board	\$10,600
ADAMHS as % of total program funding	93%
Wait time for SFY21	No wait list. Dr. Sabet is available on monthly phone conference and as needed
Projected wait time for SFY22	No waiting time

<p>Brief Program Description (300 words or less)</p> <p>Dr. Farid Sabet provides psychiatric, medical, and consultation services for Lake-Geauga Recovery Centers' clients. These services will be provided on a monthly phone or video conference for our outpatient and residential counselors and mutually agreed upon clients. These services will be provided at least 1 hour per month, at the mutual discretion of both parties. These above described services may also be provided for the purposes of insurance reimbursement and differential diagnosis. In addition, these services will include staff training and consultation with the Executive Director, Chief Operating Officer and other clinical staff as mutually agreed upon. Availability of telephone consultation with clinical personnel is provided as needed.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <p>While there are no measureable goals, we do incorporate this service into our residents' treatment plans, as we believe Dr. Sabet's evaluation and consultation are valuable to our clients and clinicians. Please see our Outpatient and Residential programs' goals and Achievement of SFY 2021 Goals.</p>
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <p>Please see our programs' goals and achievement of SFY 2021 Goals.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <p>Please see our programs' goals for SFY2021</p>
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p> <p>NA</p>

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: Psychiatric Diagnostic Evaluation without Medical

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Psychiatric Diagnostic Evaluation without Medical
Target Population	Men and women age 18 or older with a primary substance use disorder, and a secondary mental health diagnosis
Total Number of Consumers Served FY2020 with ADAMHS Dollars	11 (30 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	11
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	6 (20 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	7
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	6 (30 total)
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	6
Number of Direct Service Staff Dedicated to Program	.51
Number of Indirect Service (Support) Staff Dedicated to Program	.01
Total anticipated program cost	\$12,590
Total program funding request from ADAMHS Board	\$667
ADAMHS as % of total program funding	5.3
Wait time for SFY21	No wait time
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>Upon admission to our services, an assessment is completed to ascertain the nature and extent of a client's abuse, misuse, and/or addiction to alcohol and/or other drugs and identifying an individual's emotional, behavioral, cognitive, social and physical condition that may meet the criteria for a co-occurring mental health diagnosis.</p> <p>Lake-Geauga Recovery Centers counselors assist adults in recovering from SUD and psychiatric illness at the same time. Research shows that early intervention of both conditions leads to longer periods of stability and abstinence, and greater opportunities for community integration. Consistent with the Ohio Department of Medicaid Behavioral Health State Plan Services, our counselors providing mental health assessments will have the following licenses: Licensed Professional Clinical Counselor, Licensed Independent Social Worker, Licensed Social Worker and Licensed Professional Counselor (both under the supervision of independently licensed counselor).</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 60% of those clients completing a mental health assessment will achieve their treatment goals. 2. 85% of clients engaged in assessment services will report satisfaction with services received as indicated in the consumer satisfaction surveys. 3. 90% of clients who reviewed during our weekly utilization review of cases will meet the OMHAS level of care criteria for designated level of care.
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. 53% of clients enrolled in mental health services after assessment achieved treatment goals. 85% of our Dual IOP/Aftercare clients partially met or met their treatment goals. 2. 90% of clients engaged in assessment services reported satisfaction with services received as indicated in the consumer satisfaction surveys. 3. 87% of clients reviewed during our weekly utilization review of cases met the OMHAS level of care criteria for designated level of care.
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 60% of those clients completing a mental health assessment will achieve their treatment goals. 2. 85% of clients engaged in assessment services will report satisfaction with services received as indicated in the consumer satisfaction surveys. 3. 90% of clients who reviewed during our weekly utilization review of cases will meet the OMHAS level of care criteria for designated level of care.
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p> <p>90791</p>

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health – General Services

PROGRAM NAME: SUD Ambulatory Detox and MAT E&M

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Ambulatory Detox and Medication Assisted Treatment Evaluation & Management
Target Population	Adult men and women, who have been diagnosed with an Opioid Use Disorder, and meet criteria for outpatient medical somatic services
Total Number of Consumers Served FY2020 with ADAMHS Dollars	198
Total Number of Units Produced FY2020 with ADAMHS Dollars	384
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	155
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	218
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	195
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	350
Number of Direct Service Staff Dedicated to Program	2.0
Number of Indirect Service (Support) Staff Dedicated to Program	1.0
Total anticipated program cost	\$345,815
Total program funding request from ADAMHS Board	\$191,902
ADAMHS as % of total program funding	55.5
Wait time for SFY21	We have not experienced wait time for these services

Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) <p>Medication Assisted Treatment (MAT) and ambulatory detox services are offered for opiate addicted individuals, as well as for those struggling with alcohol cravings. Ambulatory detox services are designed specifically for those with an opiate addiction and provides non-narcotic medication to assist with the extremely uncomfortable but not life threatening symptoms of withdrawal. LGRC's Nurse Practitioner administers Vivitrol (an extended release form of the generic medication naltrexone) or prescribes Suboxone to opiate use disorders clients. Naltrexone (Vivitrol, extended release form/shot of Naltrexone) could also be administered to clients who are experiencing alcohol cravings. Utilizing a medication assisted treatment program with intensive outpatient or residential treatment services will assist clients in becoming aware of their self-destructive behaviors resulting from their substance use, gain knowledge as to the pervasive nature of the disease, and increase client's readiness to change and adopt an abstinent lifestyle. Clients receiving Medication Assisted Treatment are required to be engaged in treatment services.</p> <p>The MAT (Vivitrol/Suboxone) program allows for:</p> <ul style="list-style-type: none"> • Improved access for clients seeking ambulatory detox services, including the option of participating in Vivitrol or Suboxone medication assisted treatment. • Improved access to treatment and treatment follow-up, for clients who agree to participate in medication assisted treatment. <p>The Nurse Practitioner and Registered Nurse deliver medical services to our outpatient and residential treatment clients.</p>	
Top 3-5 Measurable Goals for Program in SFY2021	
<ol style="list-style-type: none"> 1. Goal 1: 40% of those receiving ambulatory detox services will follow-up with recommended treatment. 2. Goal 2: 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals. 3. Goal 3: 40% of Medication Assisted Treatment clients will maintain abstinence at 6 months post-discharge. 4. Goal 4: 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys. 	
Describe Achievement of SFY2021 Goals/Barriers to Success	
<ol style="list-style-type: none"> 1. Goal 1: 50% of clients receiving ambulatory detox services did engage in treatment (17% of those still in the assessment phase). 2. Goal 2: 63% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals. 3. Goal 3: 47% of Medication Assisted Treatment clients will maintain abstinence at 6 months post-discharge 4. Goal 4: 94% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys. 	
Top 3-5 Measurable Goals for Program in SFY2022	
<ol style="list-style-type: none"> 1. Goal 1: 30% of those receiving ambulatory detox services will follow-up with recommended treatment. 2. Goal 2: 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals. 3. Goal 3: 40% of Medication Assisted Treatment clients will stayed engaged for 12-18 months in MAT, and/or successfully complete ORP. 	

4. Goal 4: 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
EM- New Patient: 99201, 99202, 99203, 99204, 99205 EM- Established Patient: 99212, 99213, 99214, 99215 Vivitrol Shot: J2315

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Case Management

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Case Management
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	288
Total Number of Units Produced FY2020 with ADAMHS Dollars	545
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	305
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	354
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	400
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	635
Number of Direct Service Staff Dedicated to Program	.15
Number of Indirect Service (Support) Staff Dedicated to Program	.10
Total anticipated program cost	\$25,099
Total program funding request from ADAMHS Board	\$12,408
ADAMHS as % of total program funding	49.4%
Wait time for SFY21	Intake = no wait Assessment = within 1 week Indiv. Counseling = no wait
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>Lake-Geauga Recovery Centers, Inc. (LGRC) provides a wide range of outpatient services for persons whose lives have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large, at outpatient offices in Mentor, Painesville and Chardon. Our goal for treatment services is to help our adult clients achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery.</p> <p>The services of LGRC are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) or outpatient and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services. All counselors provide services within their scope of practice and with appropriate professional certification.</p> <p>All individuals presenting to LGRC will receive case management assistance in accessing needed services essential for recovery.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 60% of those completing treatment services will have achieved treatment goals. 2. 80% of our clients' referral sources will rate their satisfaction with services as "good" or "excellent" in most recent annual survey. 3. 80% of clients surveyed will report that services met their needs in the consumer surveys.
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. 67% of clients completing individual counseling \ psychotherapy met or partially met treatment goals. 2. 77% of clients' referral sources rated their satisfaction with services as "good or excellent" on our FY20 Annual Community Survey. 3. 93% of clients surveyed reported that services met their needs as indicated in the consumer satisfaction surveys.
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 60% of those completing treatment services will have achieved treatment goals. 2. 80% of our clients' referral sources will rate their satisfaction with services as "good or excellent" in annual survey. 3. 80% of clients surveyed will report that services met their needs in the consumer surveys.
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p> <p>H0006</p>

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Diagnostic Evaluation

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Assessment / SUD Diagnostic Evaluation without Medical
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	187 (532 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	187 (541 total)
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	186 (461 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	186
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	195 (496 Total)
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	195
Number of Direct Service Staff Dedicated to Program	.84
Number of Indirect Service (Support) Staff Dedicated to Program	.51
Total anticipated program cost	\$189,260
Total program funding request from ADAMHS Board	\$21,666
ADAMHS as % of total program funding	11.4
Wait time for SFY21	Intake = no wait Assessment = within 1 week
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>Lake-Geauga Recovery Centers, Inc. provides a wide range of outpatient services for persons whose lives are or have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large, at outpatient offices in Mentor, Painesville and Chardon. Our goal for treatment services is to help our adult clients achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery.</p> <p>The services of Lake-Geauga Recovery Centers are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) or outpatient and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services. All counselors provide services within their scope of practice and with appropriate professional certification.</p> <p>All individuals presenting to Lake Geauga Center will receive an evaluation of the nature and extent of abuse, misuse and/or addiction to alcohol and/or other drugs. At completion of diagnostic evaluation clients will be referred to the appropriate level of care based on Ohio Mental Health and Drug Addiction (OMHAS) level of care criteria, and completed treatment plan based on identified needs.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 65% of those clients admitted/intake to outpatient will complete assessment / diagnostic evaluation process. 2. 90% of clients who reviewed during our weekly utilization review of cases will meet the OMHAS level of care criteria for designated level of care. 3. 85% of clients engaged in diagnostic evaluation will report satisfaction with services received as indicated in the consumer satisfaction surveys.
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. 88% of clients admitted to our outpatient treatment engaged in assessment process. 2. 87% of clients reviewed during our weekly utilization review of cases met the OMHAS level of care criteria for designated level of care. 3. 90% of clients engaged in diagnostic evaluation reported satisfaction with services received as indicated in the consumer satisfaction surveys.
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 80% of those clients admitted/intake to outpatient will complete diagnostic process and engage in treatment services. 2. 90% of clients who reviewed during our weekly utilization review of cases will meet the OMHAS level of care criteria for designated level of care. 3. 85% of clients engaged in diagnostic evaluation will report satisfaction with services received as indicated in the consumer satisfaction surveys.
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p>
<p>90791</p>

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- GROUP
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE
- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Group Counseling

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Group Counseling
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	106 (265 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	6268
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	76 (207 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	3,882
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	260 Total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	6,525
Number of Direct Service Staff Dedicated to Program	3.0
Number of Indirect Service (Support) Staff Dedicated to Program	.5
Total anticipated program cost	\$341,467
Total program funding request from ADAMHS Board	\$49,649 GRANT \$47,049 POS \$96,698 TOTAL
ADAMHS as % of total program funding	28.3
Wait time for SFY21	Intake = no wait Assessment = within 1 week SUD Psychotherapy = no wait Group Therapy – no wait

Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) Lake-Geauga Recovery Centers, Inc. (LGRC) provides a wide range of outpatient services for persons whose lives have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large, at outpatient offices. Our goal for treatment services is to help our adult clients achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery. The services of LGRC are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) or outpatient and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services. All counselors provide services within their scope of practice and with appropriate professional certification. In our outpatient therapy groups the goal is to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug-related problems.	
Top 3-5 Measurable Goals for Program in SFY2021 1. 60% of those completing Group Counseling will have met or partially met treatment goals. 2. 85% of clients will test negative on random drug screens during participation in program services. 3. 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.	
Describe Achievement of SFY2021 Goals/Barriers to Success 1. 54% of those completing Group Counseling met treatment goals and 78% partially or completely met treatment goals. 2. 78% of clients were negative on random drug screens during participation in program services. 3. 91% of clients engaged in group counseling reported satisfaction with services received as indicated in the consumer satisfaction surveys.	
Top 3-5 Measurable Goals for Program in SFY2022 1. 60% of those completing Group Counseling will have achieved treatment goals. 2. 85% of clients will test negative on random drug screens during participation in program services. 3. 90% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys.	
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program <i>H0005</i>	

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- GROUP
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health – General Services

PROGRAM NAME: SUD IOP Level of Care

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Intensive Outpatient Level of Care Group Counseling
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs. Level of care in compliance with American Society of Addiction Medicine (ASAM) criteria.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	72 (262 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	1,162
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	55 (224 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	806
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	225 Total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	1,189
Number of Direct Service Staff Dedicated to Program	7.6
Number of Indirect Service (Support) Staff Dedicated to Program	3.5
Total anticipated program cost	\$872,380
Total program funding request from ADAMHS Board	\$178,207
ADAMHS as % of total program funding	20.4
Wait time for SFY21	Intake = no wait Assessment = within 1 week SUD Psychotherapy = no wait IOP Therapy – no wait
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>The services of Lake-Geauga Recovery Centers are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) for our outpatient, residential and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services. All counselors provide services within their scope of practice and with appropriate professional certification.</p> <p>To provide for clients an outpatient alternative to primary inpatient treatment, so that clients can continue to meet the daily living needs for them and their families while developing a clean & sober foundation in recovery. To assist clients in becoming aware of their self-destructive behaviors resulting from their substance use, gain knowledge as to the pervasive nature of the disease, and to increase client's readiness to change and adopt an abstinent lifestyle. Level of care in compliance with American Society of Addiction Medicine (ASAM) criteria for intensive outpatient. We also offer Dual IOP which assists clients with co-occurring disorders. In addition to providing intensive outpatient in our outpatient programs, the Intensive Outpatient ASAM Level of care is also provided along with SUD Residential Treatment (ASAM 3.5 and 3.1) in our Lake House, Oak House, Concord Pines and Nevaeh Ridge programs.</p>	
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 60% of those completing IOP will have achieved treatment goals. 2. 85% of clients will test negative on random drug screens during participation in program services. 3. 50% of IOP clients will maintain abstinence at 1 month post-discharge. 4. 85% of clients engaged in IOP will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys. 	
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. 36% of those completing IOP met all treatment goals (60% met or partially met all treatment plan objectives) 2. 85% of clients tested negative on random drug screens during participation in program services. 3. 96% of IOP clients reported abstinence at 1 month post-discharge. 4. 94% of clients reported satisfaction with services received as indicated in the consumer satisfaction surveys. 	
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 60% of those completing IOP will have achieved treatment goals. 2. 85% of clients will test negative on random drug screens during participation in program services. 3. 80% of IOP clients <i>contacted</i> will maintain abstinence at 1 month post-discharge. 4. 85% of clients engaged in group counseling will report alleviation of symptoms and/or satisfaction with services received as indicated in the consumer satisfaction surveys. 	
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p> <p>H0015</p>	

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- CARE COORDINATION

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Liaison Program

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Liaison Program
Target Population	Adult men and women, who are or have been involved in the criminal justice system and are in need of substance use disorder services.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	475
Total Number of Units Produced FY2020 with ADAMHS Dollars	NA
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	430
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	NA
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	460
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	NA
Number of Direct Service Staff Dedicated to Program	1.0
Number of Indirect Service (Support) Staff Dedicated to Program	0.00
Total anticipated program cost	\$92,357
Total program funding request from ADAMHS Board	\$92,357
ADAMHS as % of total program funding	100%
Wait time for SFY21	Currently no wait time
Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less)	

Lake-Geauga Recovery Centers (LGRC) continues to participate in two criminal justice programs: the Addiction Treatment Program (ATP), and the Criminal Justice/ Behavioral Health Linkage (CJ/BH).

ATP is utilized for those involved in drug court to cover treatment (Medication Assisted Treatment (MAT), counseling, etc) and recovery supports. This includes, but is not limited to: housing, utilities, and transportation. Funding must first cover treatment expenses and can then be utilized for recovery supports.

LGRC continues to partner with the Lake County ADAMHS Board for the provision of the CJ/BH Linkage services. OhioMHAS dedicated funds to reduce the significant number of individuals incarcerated in correctional facilities with serious mental illness and/or addiction disorders. The goal of the program is to reduce recidivism of those with felony or misdemeanor-level offenses, and improve the ability of those involved in the program to maintain recovery and return to productivity in our community.

In collaboration \ support of the Lake County ADAMHS Board and in partnership with Lake Health, Windsor-Laurelwood, Signature Health (SH), we participate in the Opiate Recovery Treatment Program (ORTP)/SOR; whereby persons that present at the Lake Health that are going to opiate withdrawal can participate in an 5-7 days detox program followed up with MAT and intensive treatment with either SH or LGRC. LGRC also utilizes SOR funding for LGRC Recovery Housing and Contingency Management.

The SUD Liaison manages, coordinates, and provides direct service and oversight to the criminal justice programs. Monitoring of the ORTP/SOR funding and mandatory reporting as well as coordination of care is another component of this position. In addition, attendance at Drug Court as well as visits to inmates in the Lake County jail are a key component to be able to assist with increased successful transition of individuals from jail to our jail aftercare or admission to other appropriate levels of care at LGRC.

Top 3-5 Measurable Goals for Program in SFY2021

- SUD Liaison will work with Chief Operating Officer and LGRC counselors and community resources to improve ORTP, ATP and BH & CJ referrals engagement and participation in services; goal of 25% improvement in referrals' participation in services
- 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals.
- 50% reduction of participants returning to criminal justice settings due to relapse from substance abuse.

Describe Achievement of SFY2021 Goals/Barriers to Success

- SUD Liaison worked with Chief Operating Officer and LGRC counselors and community resources to improve ORTP, ATP and BH & CJ referrals engagement and participation in services; average of 50% engagement in recommended treatment.
- 63% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals.
- 10% of participants returned to criminal justice settings due to relapse from substance abuse.

Top 3-5 Measurable Goals for Program in SFY2022

- 60% of those engaged by SUD Liaison will participate in treatment services at the appropriate level of care.
- 60% of those participating in Medication Assisted Treatment (in conjunction with IOP or residential treatment) will achieve treatment plan goals.
- 80% of those with prior legal involvement will have no new legal charges.

Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
NA

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Psychotherapy

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Psychotherapy
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	261 (576 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	639
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	237 (530 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	403
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	650 total
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	715
Number of Direct Service Staff Dedicated to Program	3
Number of Indirect Service (Support) Staff Dedicated to Program	.5
Total anticipated program cost	\$184,183
Total program funding request from ADAMHS Board	\$73,155
ADAMHS as % of total program funding	39.7
Wait time for SFY21	Intake = no wait Assessment = within 1 week Indiv. Counseling = no wait

Projected wait time for SFY22	None anticipated
Brief Program Description (300 words or less) <p>Lake-Geauga Recovery Centers, Inc. (LGRC) provides a wide range of outpatient services for persons whose lives are or have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large, at outpatient offices in Mentor, Painesville and Chardon. Our goal for treatment services is to help our adult clients achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery.</p> <p>The services of Lake-Geauga Recovery Centers are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) or outpatient and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services.</p> <p>Licensed and credentialed counselors will provide employing a variety of counseling skills as appropriate to individual need and counselor expertise. Sessions can take place in person or via telehealth depending on the situation. The goal of SUD Psychotherapy is to address individual needs as outlined in the client's treatment plan. Counselors will work with the client and/or family/significant to explore alcohol and other drug problems, co-occurring mental health problems, and their ramifications. This can include an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug-related, mental health and/or gambling problems.</p>	
Top 3-5 Measurable Goals for Program in SFY2021 <ol style="list-style-type: none"> 1. 65% of those clients completing individual counseling \ psychotherapy will have achieved treatment goals. 2. 50% of clients will maintain abstinence at 1 month post-discharge. 3. 85% of clients engaged in individual counseling will report satisfaction with services received as indicated in the consumer satisfaction surveys. 	
Describe Achievement of SFY2021 Goals/Barriers to Success <ol style="list-style-type: none"> 1. 67% of clients completing individual counseling \ psychotherapy met or partially met treatment goals. 2. 97% of clients maintain abstinence at 1 month post-discharge. 3. 92% of clients engaged in individual counseling \ psychotherapy reported satisfaction with services received as indicated in the consumer satisfaction surveys. 	
Top 3-5 Measurable Goals for Program in SFY2022 <ol style="list-style-type: none"> 1. 60% of those clients completing psychotherapy will have achieved treatment goals. 2. 80% of clients <i>contacted</i> will report abstinence at 1 month post-discharge. 3. 85% of clients engaged in psychotherapy individual counseling will report satisfaction with services received as indicated in the consumer satisfaction surveys. 	

Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program

<i>90832, 90834, 90837, 90839, add on 90785, 99354</i>
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**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- INDIVIDUAL
- CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Urine Drug Screening

Lake County ADAMHS Board
SFY20202 Request for Proposals

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Urine Drug Screen
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	225 (514 total)
Total Number of Units Produced FY2020 with ADAMHS Dollars	653
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	130 (447 total)
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	435
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	200 (600 total)
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	800
Number of Direct Service Staff Dedicated to Program	.15
Number of Indirect Service (Support) Staff Dedicated to Program	.25
Total anticipated program cost	\$28,921
Total program funding request from ADAMHS Board	\$11,584
ADAMHS as % of total program funding	40.1
Wait time for SFY21	No Wait time for urinalysis services
Projected wait time for SFY22	None reported

Brief Program Description (300 words or less)

Lake-Geauga Recovery Centers, Inc. provides a wide range of outpatient services for persons whose lives are or have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large, at outpatient offices in Mentor, Painesville and Chardon. Our goal for treatment services is to help our adult clients achieve long-term recovery through abstinence from alcohol or other drugs, and an improved quality of life through involvement in a 12-step program of recovery.

The services of Lake-Geauga Recovery Centers are provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) or outpatient and prevention services, the Ohio Department of Mental Health and Addiction Services (OMHAS) for diagnostic assessment, counseling and psychotherapy services. All counselors provide services within their scope of practice and with appropriate professional certification.

Clients participating in treatment services are required to complete random drug screens. This can be done at assessment, throughout treatment and is part of the discharge process for successful completion of treatment. Our Medication Assisted Treatment program always utilizes Urine Drug Screening to confirm the presence of medications and their levels but also to ensure continued sobriety. The goal of our urinalysis services are for clients use of alcohol and drugs will decrease and to assist them in meeting their treatment plan's goals.

Top 3-5 Measurable Goals for Program in SFY2021

1. 80% of those clients will test negative on random drug screens while participating in treatment services.
2. 65% of those completing Group Counseling or IOP will have achieved treatment goals.
3. 85% of clients engaged in services will report satisfaction with services received as indicated in the consumer satisfaction surveys.

Describe Achievement of SFY2021 Goals/Barriers to Success

1. 78% of clients tested negative on random drug screens during participation in program services.
2. 73% of those completing Group Counseling or IOP completely achieved treatment goals.
3. 94% of clients engaged in services reported satisfaction with services received as indicated in the consumer satisfaction surveys.

Top 3-5 Measurable Goals for Program in SFY2022

1. 80% of those clients will test negative on random drug screens while participating in treatment services.
2. 65% of those completing Group Counseling or IOP will have achieved treatment goals.
3. 85% of clients engaged in services will report satisfaction with services received as indicated in the consumer satisfaction surveys.

Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program

H0048

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- WELLNESS

TARGET POPULATION

- ADULTS

MODE

- GROUP
- NON-CLINICAL

FUNDING REQUEST

- GRANT

**OMHAS CERTIFICATION: 01-0510 Residential, Withdrawal Management and
Inpatient SUD Services**

PROGRAM NAME: Wellness Fitness Residential Program

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Wellness \ Fitness Residential Program
Target Population	Adult men and women with SUD diagnosis who have not achieved sobriety at less restrictive treatment settings such as outpatient and/or intensive outpatient, or have completed an inpatient detox program.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	Oak House: 62 Lake House: 95 Nevaeh Ridge: 27
Total Number of Units Produced FY2020 with ADAMHS Dollars	9 hours per week for 50 weeks
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	Oak House: 60 Lake House: 80 Nevaeh Ridge: 31
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	9 hours per week for 50 weeks
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	Oak House: 65 Lake House: 75 Nevaeh Ridge: 42 (will be 16 bcd FY22)
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	9 hours per week for 50 weeks
Number of Direct Service Staff Dedicated to Program – Independent contractors	2.0
Number of Indirect Service (Support) Staff Dedicated to Program	0.00
Total anticipated program cost	\$120,000
Total program funding request from ADAMHS Board	\$90,000
ADAMHS as % of total program funding	75%
Wait time for SFY21	Currently no wait time
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>The Substance Abuse and Mental Health Services Administration emphasizes that continual improvement in health and wellness is a hallmark of progress toward recovery from substance abuse. <i>*Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery: Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being; Home—having a stable and safe place to live; Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society; Community—having relationships and social networks that provide support, friendship, love, and hope. When a body and mind feel healthy and strong, the need to use drugs or alcohol to feel good is diminished, and drug cravings are weakened.</i> As such, incorporating wellness programs into treatment is another aspect of recovery to promote a successful outcome and prevent relapse.</p> <p>We incorporate professionally designed wellness and fitness programming tailored to the needs of each of our residential clients. The program is provided by a physical therapist and a certified strength and conditioning coach. Our wellness staff utilize creative ways to find healing through counseling, yoga, yoga therapy, and various sport movements in team sport activities such as basketball and baseball, strength & conditioning, hiking, obstacle courses, and outings/expeditions. The wellness staff develop a treatment plan to address fitness and wellness goals and objectives through consultation and evaluation with each client and others on their treatment team (counselor, case manager, Peer Recovery Support). Many persons struggling with the reality of life without drugs, learning natural, healthy, nourishing ways of creating pleasurable experiences, and remembering that they have the power to make themselves feel good can be critical to recovery.</p>	
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ul style="list-style-type: none"> • 80% of clients surveyed will report that wellness/fitness services met their needs in the consumer surveys. • 80% of clients surveyed will report the desire to continue incorporating wellness/fitness services into their recovery upon completion of residential treatment. • 85% of clients surveyed will report an improvement in their overall mental health attitude while participating in the fitness/wellness program. • 85% of clients surveyed will report an increase in knowledge of additional tools and skills to incorporate into their recovery plan. 	
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ul style="list-style-type: none"> • 90% of clients surveyed reported that our wellness/fitness program met their needs during stay in residential treatment. • 93% of clients surveyed reported the desire to continue incorporating wellness/fitness services into their recovery upon completion of residential treatment. • 95% of clients surveyed reported an improvement in their overall mental health attitude while participating in the fitness/wellness program • 95% of clients surveyed reported an increase in knowledge of additional tools and skills to incorporate into their recovery plan. 	
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ul style="list-style-type: none"> • 80% of clients surveyed will report that wellness/fitness services met their needs in the consumer surveys. • 80% of clients surveyed will report the desire to continue incorporating wellness/fitness services into their recovery upon completion of residential treatment. 	

<ul style="list-style-type: none">• 85% of clients surveyed will report an improvement in their overall mental health attitude while participating in the fitness/wellness program.• 85% of clients surveyed will report an increase in knowledge of additional tools and skills to incorporate into their recovery plan.
Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program
<i>NA</i>

**Lake County ADAMHS Board FY2022
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PROGRAM CATEGORY

- INTERVENTION/SUPPORT/ADVOCACY

TARGET POPULATION

- ADULTS

MODE

- GROUP
- NON-CLINICAL

FUNDING REQUEST

- PURCHASE OF SERVICE

OMHAS CERTIFICATION: 01-0510 Behavioral Health – General Services

PROGRAM NAME: Family Awareness Program

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	Family Awareness Program- Other Support Services
Target Population	Adult men and women, who are concerned about another's use of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	148
Total Number of Units Produced FY2020 with ADAMHS Dollars	4778
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	102
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	3869
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	145
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	5646
Number of Direct Service Staff Dedicated to Program	.70
Number of Indirect Service (Support) Staff Dedicated to Program	.06
Total anticipated program cost	\$41,497
Total program funding request from ADAMHS Board	\$41,497
ADAMHS as % of total program funding	100.0%
Wait time for SFY21	none
Projected wait time for SFY22	None anticipated

Brief Program Description (300 words or less)

Lake-Geauga Recovery Centers, (LGRC) provides a wide range of outpatient services for persons whose lives are or have been affected by their own or another's use of alcohol or other drugs. LGRC offers expert support to individuals, families, businesses, other service providers, and the community at large.

The Family Awareness Program is currently provided at the Mentor, Painesville and Chardon Outpatient offices. The Program is for adult family members, friends, or others who are affected by someone's harmful use of alcohol or other drugs. The purpose of the Program is to increase awareness and educate individuals about the disease concept of chemical dependency. Family members are taught the signs and symptoms of co-dependency, and choices and alternatives to cope with the disease in a loved one. Group sessions are done with the use of discussion and lectures, and are facilitated by a licensed counselor.

The Family Awareness Program participants have a choice of a daytime or evening group which meets weekly and lasts 2 ½ hours per session. Family members are introduced to other sources of support and education in the community, such as Al-Anon, Nar-Anon and Families Anonymous. Once family members' associations end with LGRC, they are encouraged to continue their personal growth in those groups. The Family Awareness Program is provided in accordance with the standards of the Commission for Accreditation of Rehabilitation Facilities (CARF) for outpatient and prevention services, and the Ohio Department of Mental Health and Drug Addiction Services (OMHAS).

With the new residential treatment facility being built, the plans include a large multi-purpose room. This space will provide enough room for family group to accommodate family members and clients being in group together at times.

Top 3-5 Measurable Goals for Program in SFY2021

1. 75% of those completing the Family Awareness Program will report that Program content increased their knowledge and skills.
2. 60% of those completing the Program will meet program goals.
3. 80% of those completing the Program will report satisfaction with services received, as indicated in the consumer satisfaction surveys.

Describe Achievement of SFY2021 Goals/Barriers to Success

1. 93% of those completing the Family Awareness Program reported that Family Program met their needs.
2. 67% of those completing the Family Awareness Program met program goals and have established a personal program of recovery (87% have met or partially met goals of the program).
3. 94% of those completing the Program will report satisfaction with services received, as indicated in the consumer satisfaction surveys.

Top 3-5 Measurable Goals for Program in SFY2022

1. 80% of those completing the Family Awareness Program will report that Program content increased their knowledge and skills.
2. 60% of those completing the Program will report that they have established a personal program of recovery.
3. 80% of those completing the Program will report satisfaction with services received, as indicated in the consumer satisfaction surveys.

Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program

A0622

**Lake County ADAMHS Board FY2022
Request For Proposals COVER PAGE**

PROGRAM CATEGORY

- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

TARGET POPULATION

- ADULTS

MODE

- BOTH INDIVIDUAL AND GROUP
- NON-CLINICAL

FUNDING REQUEST

- GRANT

OMHAS CERTIFICATION: 01-0510 Behavioral Health

PROGRAM NAME: SUD Peer Recovery Support

**Lake County ADAMHS Board
SFY2022 Request for Proposals**

Program Summary – Complete One Form For Every Program Provided

Agency Name	Lake-Geauga Recovery Centers
Program Title	SUD Peer Recovery Support
Target Population	Adult men and women, who are concerned about their use or abuse of alcohol or other drugs.
Total Number of Consumers Served FY2020 with ADAMHS Dollars	280
Total Number of Units Produced FY2020 with ADAMHS Dollars	421
Total Projected Number of Consumers Served with ADAMHS Dollars FY2021	270
Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars	405
Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars	300
Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars	450
Number of Direct Service Staff Dedicated to Program	2
Number of Indirect Service (Support) Staff Dedicated to Program	0
Total anticipated program cost	\$81,065
Total program funding request from ADAMHS Board	\$81,065
ADAMHS as % of total program funding	100%
Wait time for SFY21	Currently no wait time
Projected wait time for SFY22	None anticipated

<p>Brief Program Description (300 words or less)</p> <p>Peer Recovery Support (PRS) services is a process of giving and receiving support and education from individuals with shared life experiences. A PRS is an individual with direct lived experience of a mental health and/or substance use disorder who has progressed on their path to recovery and has acquired skills and knowledge to help others with their own recovery journey.</p> <p>Lake-Geauga Recovery Centers has one full-time and one part-time Peer Recovery Supporter to assist our clients with needed support to assist others in the community to set and achieve recovery goals. The part-time PRS also serves as a part-time Treatment Engagement Specialist. The PRS/Treatment Engagement Specialist works to re-engage outpatient clients who have left treatment prematurely back into treatment services.</p> <p>Our PRS's serve as a role model, mentor, advocate and motivator to recovering individuals to help prevent relapse and to promote long term recovery. They provide both group and individual peer support within treatment programs; assist clients to get to needed and requested recovery support activities such as community based, mutual self-help groups; provide any needed support services in the community that includes: area hospitals, emergency rooms or jail settings; provide a model for both people in recovery and staff by demonstrating that recovery is possible; assist individuals to identify their personal interests, goals, strengths and weaknesses regarding recovery.</p>
<p>Top 3-5 Measurable Goals for Program in SFY2021</p> <ol style="list-style-type: none"> 1. 10% improvement in clients successfully completing treatment. 2. 20-30% of clients that have left treatment prematurely will re-engage in treatment services upon outreach from PRS. 3. 80% of clients will report overall satisfaction with peer services on completed satisfaction surveys. 4. 80% staff and referral sources will rate our peer recovery services good to excellent.
<p>Describe Achievement of SFY2021 Goals/Barriers to Success</p> <ol style="list-style-type: none"> 1. Treatment goal attainment for both residential and IOP for FY20 was 51% combined compared with 57% for FY21 (6% improvement). 2. 58% of clients that have left treatment prematurely re-engaged in treatment services upon outreach of PRS 3. 84% of clients reported overall satisfaction with peer services on completed satisfaction surveys. 4. 77% of staff and referral sources rated our peer recovery services good to excellent.
<p>Top 3-5 Measurable Goals for Program in SFY2022</p> <ol style="list-style-type: none"> 1. 10% improvement in clients successfully completing treatment. 2. 20-30% of clients that have left treatment prematurely will re-engage in treatment services upon outreach from PRS. 3. 80% of clients will report overall satisfaction with peer services on completed satisfaction surveys. 4. 80% staff and referral sources will rate our peer recovery services good to excellent.
<p>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</p>

SUD Individual Peer Recovery Support: H0038

SUD Group Peer Recovery Support: H0038 – HQ (modifier)



Appendix I:

Affiliation Agreements

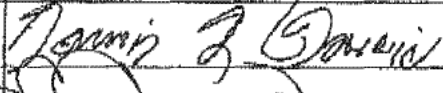
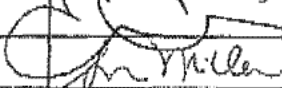
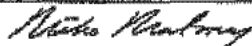
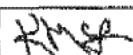
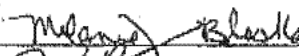
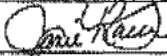
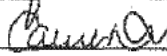


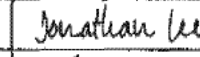
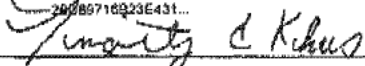

INTERAGENCY AGREEMENT
FY2022

The agencies or organizations listed below are committed to assisting potential active and former clients in accessing and utilizing the enter system of care including mental health, alcohol and drug addiction services with respect for client's rights, decision-making, needs and confidentiality.

This agreement demonstrates that a working relationship exists to ensure that services are available to our respective claims on a referral basis. It is not intended to indicate any affiliation, contract, endorsement, or liability between the organizations other than as stated.

As part of the Agreement, each party would provide the other with pertinent information directly related to the treatment or care of the client in a timely fashion in order to assure adequate and continued care. Any exchange of information will be conducted in the manner provided by State or Federal statute, program or other applicable standards governing client confidentiality. It is understood that the client is responsible for payment of services rendered.

The agreement may be terminated with thirty (30) days written notice to any or all parties.

Affiliation	Executive Director/CEO	Date
BRIDGES: Mental Health Consumer Empowerment		4/27/21
Catholic Charities Corporation	E. Currie Manning	4/23/21
Cleveland Rape Crisis Center	 Sondra Miller	3/25/2021
Crossroads Health	 Mike Matoney	4/16/2021
Extended Housing	 Karen B. McLeod	03/25/2021
Lake Geauga Recovery Centers	 Janie Racer	4/22/21
Lake Health Crisis	 Carrie Dotson	4/16/2021
Lifeline	 Carrie Dotson	4/27/21
NAMI Lake County	 Katie Jenkins	3/25/2021
Northcoast Behavioral Healthcare	 Lauren Williams, CEO, Residential Director	3/25/21
Signature Health	 Jonathan Lee	4/27/2021
Torchlight Youth Mentoring Alliance	 Timothy C. Khus	4/26/2021
Windsor Laurelwood Hospital	 Shelley Zimmerman	4/21/21
WomenSafe	Andrea R. Gutka	4/19/2021

CRISIS INTERVENTION AFFILIATION AGREEMENT

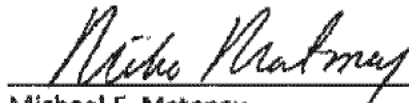
Crossroads Health and Lake-George Recovery Centers (herein referred to as "AGENCY") hereby agree to collaborate in providing crisis intervention services to people who live or work in Lake County.

Crossroads Health and AGENCY will inform persons it serves of the availability of the Lake County Crisis Hotline for twenty-four hour crisis intervention services, and will refer persons in need of crisis intervention services to the Lake County Crisis Hotline.

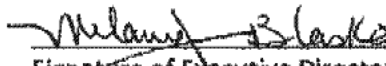
Crisis Hotline staff will provide telephone assessment of persons' needs, information and referral to appropriate resources, or arrange direct intervention by emergency service personnel.

Crossroads Health and AGENCY will share information and coordinate services as necessary and appropriate to provide needed services.

This AGREEMENT may be amended if all terms are agreed to, in writing, by both parties. This AGREEMENT may be terminated by either party with a 30-day written notice given by either party. This AGREEMENT shall automatically renew each year unless terminated in advance by either party.



Michael E. Matoney
Chief Executive Officer
Crossroads Health



Signature of Executive Director/CEO

Lake-George Recovery Centers
Agency Name

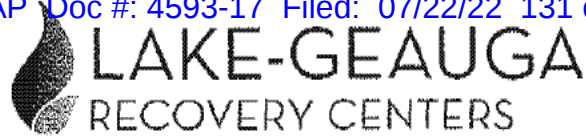
Date: 4/21/2021

Date: 4/20/2021



Appendix II:

Board Roster & Table of Organization



Board of Directors

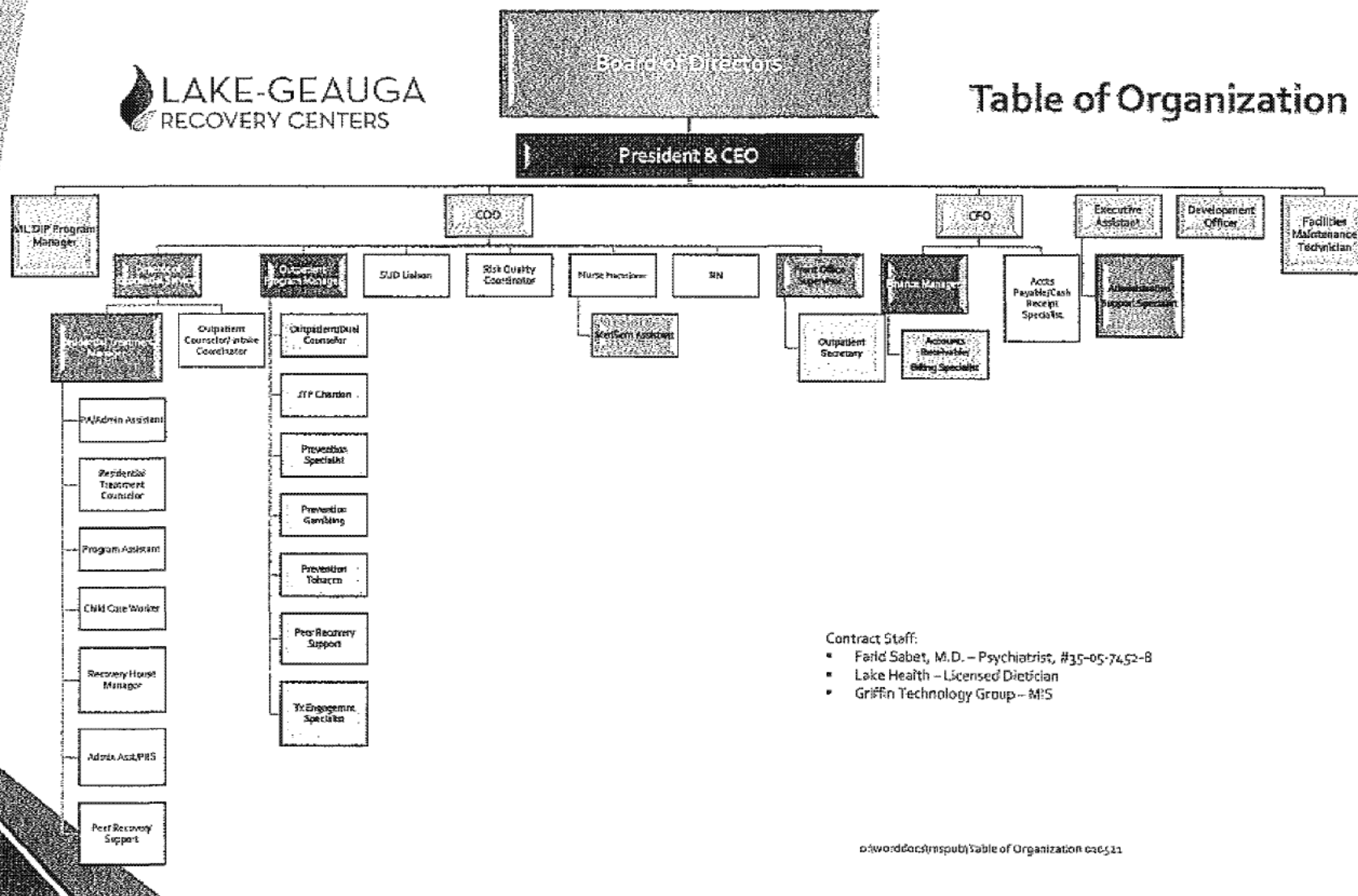
Revised: February 2021

Meredith Ashkettle, Secretary 12555 Ward Drive Chesterland, OH 44026 C - (440) 781-8875 meredith.ashkettle@aol.com Director, Lake-Geauga Habitat for Humanity Restore	William Beiter 2511 Park Drive Parma, OH 44134 C - (901) 240-0950 Work - (216) 317-4754 bbeiter@dunbarinc.com Business Development Dunbar Mechanical Inc.	Rhonda Butler 2255 Pare Lane, Apt. 1021 Willoughby Hills, OH 44094 C (440) 487-7862 W (440) 525-7432 butlerrhonda788@yahoo.com Lakeland Community College Employer Relations Coordinator
Van Carson 9185 Woods Way Dr. Kirtland, OH 44094 C - (216) 406-7877 vancarsoncsq@gmail.com	Paul Daly 17414 Long Meadow Trail Chagrin Falls, OH 44023 (440) 478-5560 Pauldaly123@gmail.com	Abby DelaMotte 616 Mentor Avenue Painesville, OH 44077 W - (440) 350-2219 H - (440) 354-8211 C - (440) 221-0995 pyilabhy@yahoo.com Lake County Prosecutor's Office
Katy Franz, Lake at Large 8341 S. Locust Dr. Kirtland, OH 44094 W (440) 523-4785 E (216) 870-9406 franz.katym@gmail.com Eaton Corporation Senior Attorney	James Garrett 2653 Dodd Rd. Willoughby Hills, OH 44094 C - (440) 591-8994 jgarrett3562@yahoo.com CEO, V2X	Dorothy Konick 4909 Quarry Ln. Richmond Hrs., OH 44143 (440) 567-4897 dkonick@roadrunner.com
J. Thomas Leininger, M.D., 8344 Villa Marina Ct. Mentor, OH 44060 H - (440) 209-1674 C - (216) 392-2347 jtlein@gmail.com	Dale Lewis 6635 Fay Rd. Painesville, OH 44077 (216) 496-4688 dalelewis@roadrunner.com	John F. Lewis, Chair 28740 Orangewood Dr. Orange Village, OH 44122 C - (216) 288-3234 johnflew@shcglobal.net President & Owner North Coast Packaging, Inc.
Donna Perrine 7140 N. Galahad Place Concord Twp., OH 44077 (440) 221-7140 perrinedonna@yahoo.com President Christ Child of the Western Reserve	Dale Puruczky, Treasurer 3750 Park East Dr, Suite 200 Beachwood, OH 44122 H - (440) 729-3618 C - (216) 570-9069 W - (440) 505-5627 dpuruczky@stratoswp.com Financial Advisor	Blake Rear, Geauga at Large 10810 Holi-Dale Rd. Chardon, OH 44024 H (440) 286-6593 C (440) 477-4955 barcar@roadrunner.com Retired Business Owner
Stephen Samples 9215 Baldwin Rd. Kirtland, OH 44060 (440) 226-6684 Stephensamples1@icloud.com Staff Neurologist Cleveland Clinic	Arlie Von Spargur Lakeside Baptist Church 306 Fairport-Nursey Rd. Painesville, OH 44077 W - (440) 357-6212 C - (440) 289-5352 pc_spargur@hotmail.com Pastor	Joseph Spiccia, Vice-Chair 6029 Hopkins Road Mentor, OH 44060 C - (440) 666-7515 H - (440) 257-1777 spicciaj@gmail.com Superintendent Wickliffe City School District

O:\BOARD\Rosters\Board Address\Roster FY 2021.doc



Table of Organization



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Appendix III:

Audit

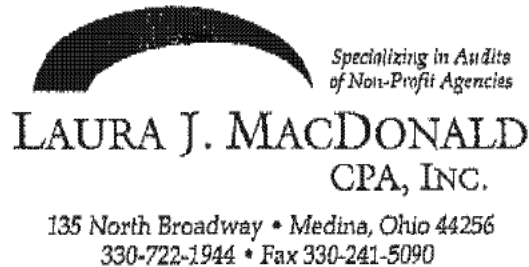


June 30, 2020 and 2019

Laura J. MacDonald, CPA, Inc.
135 North Broadway
Medina, Ohio 44256

LAKE-GEAUGA RECOVERY CENTERS, INC.
FINANCIAL STATEMENTS
June 30, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Lake-Geauga Recovery Centers, Inc.
Mentor, Ohio

Report on the Financial Statements

I have audited the accompanying Financial Statements of Lake-Geauga Recovery Centers, Inc. (a non-profit organization), which comprise the Statements of Financial Position as of June 30, 2020 and 2019 and the related Statements of Activities, Functional Expenses and Cash Flows for the years then ended, and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that I plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

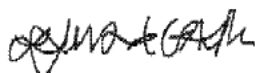
Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lake-Geauga Recovery Centers, Inc. as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Board of Directors
Lake-Geauga Recovery Centers, Inc.
Mentor, Ohio

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, I have also issued a report dated November 20, 2020, on my consideration of Lake-Geauga Recovery Centers, Inc.'s internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Lake-Geauga Recovery Centers, Inc.'s internal control over financial reporting and compliance.



Medina, Ohio
November 20, 2020

LAKE-GEAUGA RECOVERY CENTERS, INC.
STATEMENTS OF FINANCIAL POSITION
June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents:		
Unrestricted	1,031,191	640,851
Grants and reimbursement contracts receivable	236,109	422,024
Accounts receivable	-	18,145
Unconditional promises to give:		
United Way	92,263	140,470
Capital campaign	-	5,750
Prepaid expenses	96,056	11,723
Other current assets	7,000	7,000
TOTAL CURRENT ASSETS	<u>1,462,619</u>	<u>1,245,963</u>
PROPERTY AND EQUIPMENT	5,073,043	4,259,709
OTHER ASSETS		
Board designated investments		
held in brokerage accounts	957,165	1,607,250
TOTAL ASSETS	<u><u>\$ 7,492,827</u></u>	<u><u>\$ 7,112,922</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 220,401	\$ 91,927
Accrued expenses:		
Vacation	137,357	106,264
Pension	60,000	60,000
Payroll and related taxes and withholdings	185,991	145,400
Refundable advances:		
Deferred revenue	190,921	208,779
Refunds due grantors	121,324	424,207
Payroll Protection Program note payable	282,378	-
Advances due to managed care providers	85,489	244,153
TOTAL CURRENT LIABILITIES	<u>1,283,861</u>	<u>1,280,730</u>
OTHER LIABILITIES		
Long-term debt	1,062,743	884,962
NET ASSETS		
Without donor restrictions		
Unrestricted	4,096,795	3,193,760
Unrestricted, Board designated	957,165	1,607,250
With donor restrictions	92,263	146,220
TOTAL NET ASSETS	<u>5,146,223</u>	<u>4,947,230</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 7,492,827</u></u>	<u><u>\$ 7,112,922</u></u>

Please refer to accompanying notes.

LAKE-GEAUGA RECOVERY CENTERS, INC.
STATEMENT OF ACTIVITIES
Year Ended June 30, 2020

	<u>WITHOUT DONOR RESTRICTIONS</u>	<u>WITH DONOR RESTRICTIONS</u>	<u>2020 TOTALS</u>
SUPPORT AND REVENUE			
Lake/Geauga County Board, fee for service revenue	\$ 702,706	\$ -	\$ 702,706
Governmental grants/reimbursement contracts	-	1,370,979	1,370,979
Payroll Protection Program Revenues	-	444,722	444,722
Medicaid revenue	2,790,224	-	2,790,224
United Way revenue	-	94,714	94,714
Contributions	42,036	-	42,036
Client fees	96,797	-	96,797
Food stamp revenue	57,548	-	57,548
Fundraising, net of \$12,576 in related expenses	31,337	-	31,337
Amortization of loan forgiveness	42,757	-	42,757
Interest income	42,267	-	42,267
Rental income	61,694	-	61,694
Miscellaneous income	116,509	-	116,509
Net assets released from restrictions	<u>1,964,372</u>	<u>(1,964,372)</u>	<u>-</u>
TOTAL SUPPORT AND REVENUE	5,948,247	(53,957)	5,894,290
EXPENSES			
Program expenses:			
Outpatient services	2,416,136	-	2,416,136
Women's residential treatment program	783,719	-	783,719
Men's residential treatment program	759,269	-	759,269
Prevention services	147,526	-	147,526
Other program services	677,847	-	677,847
Supportive housing for women	<u>406,874</u>	<u>-</u>	<u>406,874</u>
	<u>5,191,371</u>	<u>-</u>	<u>5,191,371</u>
Management and general expenses:	<u>503,926</u>	<u>-</u>	<u>503,926</u>
TOTAL EXPENSES	<u>5,695,297</u>	<u>-</u>	<u>5,695,297</u>
INCREASE IN NET ASSETS	252,950	(53,957)	198,993
NET ASSETS AT BEGINNING OF YEAR	<u>4,801,010</u>	<u>146,220</u>	<u>4,947,230</u>
NET ASSETS AT END OF YEAR	<u><u>5,053,960</u></u>	<u><u>92,263</u></u>	<u><u>5,146,223</u></u>

Please refer to accompanying notes.

LAKE-GEAUGA RECOVERY CENTERS, INC.
STATEMENT OF ACTIVITIES
Year Ended June 30, 2019

	<u>WITHOUT DONOR RESTRICTIONS</u>	<u>WITH DONOR RESTRICTIONS</u>	<u>2019 TOTALS</u>
SUPPORT AND REVENUE			
Lake/Geauga County Board, fee for service revenue	\$ 763,028	\$ -	\$ 763,028
Governmental grants/reimbursement contracts	-	1,265,426	1,265,426
Medicaid revenue	2,695,896	-	2,695,896
United Way revenue	-	149,380	149,380
Contributions	41,486	-	41,486
Client fees	95,046	-	95,046
Food stamp revenue	59,587	-	59,587
Fundraising, net of \$5,799 in related expenses	6,112	-	6,112
Amortization of loan forgiveness	35,314	-	35,314
Interest income	43,767	-	43,767
Rental income	42,579	-	42,579
Miscellaneous income	24,528	-	24,528
Net assets released from restrictions	1,461,836	(1,461,836)	-
TOTAL SUPPORT AND REVENUE	5,269,179	(47,030)	5,222,149
EXPENSES			
Program expenses:			
Outpatient services	2,290,189	-	2,290,189
Women's residential treatment program	681,292	-	681,292
Men's residential treatment program	534,226	-	534,226
Prevention services	137,907	-	137,907
Other program services	768,585	-	768,585
Supportive housing for women	362,553	-	362,553
	4,774,752	-	4,774,752
Management and general expenses:	440,699	-	440,699
TOTAL EXPENSES	5,215,451	-	5,215,451
INCREASE IN NET ASSETS	53,728	(47,030)	6,698
NET ASSETS AT BEGINNING OF YEAR	4,747,282	193,250	4,940,532
NET ASSETS AT END OF YEAR	\$ 4,801,010	\$ 146,220	\$ 4,947,230

Please refer to accompanying notes.

CONFIDENTIAL

LAKE-GEAUGA RECOVERY CENTERS, INC.
 STATEMENT OF FUNCTIONAL EXPENSES
 Year Ended June 30, 2020

	OUTPATIENT SERVICES	WOMEN'S RESIDENTIAL TREATMENT PROGRAM	MEN'S RESIDENTIAL TREATMENT PROGRAM	PREVENTION SERVICES	OTHER PROGRAM SERVICES	SUPPORTIVE HOUSING FOR WOMEN	TOTAL PROGRAM SERVICES	MANAGE- MENT AND GENERAL	2020 TOTALS
Salaries and wages	\$ 1,414,594	\$ 447,418	\$ 405,578	\$ 110,562	\$ 209,458	\$ 231,807	\$ 2,819,417	\$ 369,696	\$ 3,189,113
Employee benefits and payroll taxes	339,201	107,285	97,252	26,511	50,225	55,584	676,058	88,648	764,706
Program expenses	97,200	38,615	49,909	216	244,563	16,341	446,844	200	447,044
Office expenses	150,069	7,287	16,325	7,474	11,077	5,913	198,145	5,517	203,662
Contract/professional services	128,773	61,034	66,381	2,897	4,608	26,571	290,264	29,508	319,772
Repairs and maintenance	22,017	18,142	30,202	-	25,583	11,189	107,133	-	107,133
Utilities	45,356	19,346	20,719	1,437	30,959	12,724	130,541	-	130,541
Rent	25,202	-	-	908	290	30,000	56,400	-	56,400
Supplies	29,384	9,460	14,641	-	4,155	3,093	60,733	-	60,733
Insurance	32,323	13,003	9,477	3,159	9,844	3,893	71,699	1,763	73,462
Travel	8,795	5,638	1,964	2,143	2,448	4,468	25,456	3,117	28,573
Bad debt expense	-	-	-	(7,920)	-	-	(7,920)	3,750	(4,170)
Depreciation	96,850	52,880	37,147	-	42,599	2,762	232,238	-	232,238
Other	26,372	3,611	9,674	139	42,038	2,529	84,363	1,727	86,090
	<u>\$ 2,416,136</u>	<u>\$ 783,719</u>	<u>\$ 759,269</u>	<u>\$ 147,526</u>	<u>\$ 677,847</u>	<u>\$ 406,874</u>	<u>\$ 5,191,371</u>	<u>\$ 503,926</u>	<u>\$ 5,695,297</u>

Please refer to accompanying notes.

CONFIDENTIAL

LAKE-GAUGA RECOVERY CENTERS, INC.
 STATEMENT OF FUNCTIONAL EXPENSES
 Year Ended June 30, 2019

	OUTPATIENT SERVICES	WOMEN'S RESIDENTIAL TREATMENT PROGRAM	MEN'S RESIDENTIAL TREATMENT PROGRAM	PREVENTION SERVICES	OTHER PROGRAM SERVICES	SUPPORTIVE HOUSING FOR WOMEN	TOTAL PROGRAM SERVICES	MANAGE- MENT AND GENERAL	2019 TOTALS
Salaries and wages	\$ 1,328,999	\$ 387,178	\$ 316,492	\$ 93,588	\$ 188,845	\$ 207,256	\$ 2,522,358	\$ 331,934	\$ 2,854,292
Employee benefits and payroll taxes	336,936	98,160	80,239	23,727	47,877	52,545	639,484	84,154	723,638
Program expenses	71,452	36,672	35,139	5,126	224,490	15,935	388,814	-	388,814
Office expense	143,898	13,876	9,024	5,067	22,780	9,489	204,134	3,940	208,074
Contract/professional services	108,535	19,201	17,378	3,119	4,173	5,008	157,414	13,539	170,953
Repairs and maintenance	30,774	18,815	13,235	-	23,709	11,530	98,063	-	98,063
Utilities	46,189	25,311	13,029	1,325	23,328	12,016	121,196	-	121,196
Rent	25,202	-	-	908	291	30,000	56,401	-	56,401
Supplies	35,667	10,058	12,067	-	4,200	4,362	66,354	-	66,354
Insurance	27,324	11,113	4,693	2,825	8,229	3,429	57,613	1,691	59,304
Travel	9,677	4,955	1,774	2,147	2,447	3,347	24,347	3,941	28,288
Bad debt expense	200	-	-	-	-	-	200	-	200
Depreciation	96,493	53,362	28,710	-	27,291	2,663	208,519	-	208,519
Other	28,843	2,591	2,446	77	190,925	4,973	229,855	1,500	231,355
	<u>\$ 2,290,189</u>	<u>\$ 681,292</u>	<u>\$ 534,226</u>	<u>\$ 137,907</u>	<u>\$ 768,585</u>	<u>\$ 362,553</u>	<u>\$ 4,774,752</u>	<u>\$ 440,699</u>	<u>\$ 5,215,451</u>

Please refer to accompanying notes.

LAKE-GEAUGA RECOVERY CENTERS, INC.
STATEMENTS OF CASH FLOWS
Years Ended June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 198,993	\$ 6,698
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation	232,238	208,519
Amortization of loan forgiveness	(42,757)	(35,314)
(Increase) decrease in assets:		
Grants and reimbursement contracts receivable	185,915	(104,036)
Accounts receivable	18,145	26,302
Unconditional promises to give	53,957	28,030
Prepaid expenses	(84,333)	(339)
Increase (decrease) in liabilities:		
Accounts payable	128,474	13,626
Accrued expenses	71,684	31,181
Refundable advances	(197,027)	533,682
NET CASH PROVIDED BY OPERATING ACTIVITIES	565,289	708,349
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditures	(1,045,572)	(455,250)
Net (deposits) withdrawals (to) from Board restricted investments	650,085	(653,690)
NET CASH USED BY INVESTING ACTIVITIES	(395,487)	(1,108,940)
CASH FLOWS FROM FINANCING ACTIVITIES		
Borrowings on long-term debt	220,538	216,580
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	390,340	(184,011)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	640,851	824,862
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$ 1,031,191</u>	<u>\$ 640,851</u>

Please refer to accompanying notes.

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Lake-Geauga Recovery Centers, Inc. (Lake-Geauga Center) (the Organization) was incorporated in 1971 as a non-profit organization, for the purpose of promoting lifelong recovery from addiction through education, prevention and treatment, regardless of the ability to pay. Lake-Geauga Recovery Centers aspires to provide premier behavioral healthcare services and strives for excellence through proven practices and for leadership in partnering with community organizations to work towards an addiction-free society. Lake-Geauga Centers' most significant sources of revenue include Lake County ADAMHS Board funding, Geauga County Board of Mental Health & Recovery Services funding, Medicaid reimbursements, contributions, United Way funds and patient fees.

Lake Geauga Center provides the following specific services:

Early Intervention

The Center's Early Intervention programs include programs focusing on prevention, drug-free workplace, education groups, problem gambling prevention and treatment, and driver intervention.

Outpatient Treatment Programs

The Center provides a wide range of outpatient services for adults whose lives have been affected by their own or another's use of alcohol or other drugs, by problem gambling, or by mental illness. These programs include assessment services, drug testing, counseling, relapse prevention, intensive outpatient services, partial hospitalization, dual IOP and tobacco cessation.

Residential Treatment Programs

The Center's Oak House and Nevaeh Ridge (for women) and Lake House and Concord Pines (for men) offers a home-like atmosphere designed to provide residents with a structured, supportive environment in which residents can develop the skills, insight and support necessary to achieve long-term sobriety.

Recovery Houses

The Center also operates six recovery houses for individuals seeking a safe, sober living environment following the completion of primary treatment.

Accounting Basis

The Organization maintains its financial statements on the accrual basis of accounting, in accordance with generally accepted accounting principles.

Financial Statement Presentation

The Organization's financial statements are presented in accordance with FASB Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities* and the provisions of Accounting Standards Update (ASU) 2016-14. ASU 2016-14 requires the Organization to report information regarding its financial position and activities in two categories of net assets as described below:

Net Assets Without Donor Restrictions

Net Assets Without Donor Restrictions are either not subject to donor-imposed stipulations or are subject to such restrictions but those restrictions have been met in the same fiscal period that the revenue is recorded.

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Financial Statement Presentation (Continued)

Net Assets With Donor Restrictions

Net Assets With Donor Restrictions are subject to donor-imposed stipulations that may or will be met either by actions of The Center and/or the passage of time. Net Assets With Donor Restrictions totaled \$92,263 and \$146,220 as of June 30, 2020 and 2019.

Grants, Contracts and Accounts Receivable/Deferred Revenue

Lake-Geauga Center uses the allowance method to account for uncollectible grants, contracts and accounts receivable. All grants, reimbursement contracts and accounts receivable, or portions thereof, deemed uncollectible are written off against the allowance for doubtful accounts. Grants and contracts receivable are presented net of an allowance for doubtful accounts of \$7,920 as of June 30, 2019. There was no allowance as of June 30, 2020. Grants and reimbursement contracts receivable consist primarily of Medicaid reimbursements and grants. Medicaid reimbursements are recorded based on an analysis of subsequent receipts and are 100% collectible. Grants and other reimbursement contracts are from established payors and the Organization's management believes all these receivables are collectible as of June 30, 2020.

Investments

Investments in debt and equity securities with readily determinable fair values, are reported at fair value in accordance with FASB ASC 958-320. Realized and unrealized gains and losses associated with such securities are recorded in the Statements of Activities.

Fair Value of Financial Instruments

The Organization provides disclosures on its financial instruments in accordance with the requirements of FASB ASC 820, *Fair Value Measurements and Disclosures*, which requires the use of a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Property and Equipment

Property and equipment is stated at cost. Acquisitions of \$1,500 or more are capitalized. The costs of maintenance and repairs are charged to expense as incurred. Depreciation is computed using the straight-line method over the following estimated useful lives:

Land improvements	20 years
Buildings and improvements	10-40 years
Furniture, fixtures and equipment	3-20 years

Construction in Progress

Construction in progress is stated at cost. No depreciation is taken on construction in progress until the related projects are completed and placed in service.

Support and Revenue Recognition

In accordance with Financial Accounting Standards Board (FASB) ASC 958-205, expended grant revenues recognized as exchange transactions are reflected as unrestricted support in the accompanying Statements of Activities. Program services fees, including Medicaid revenue, Lake/Geauga County Board fee for service revenue, and court agreement revenues are recognized as revenue in the fiscal period when the related services are rendered.

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Contributions

Contributions, including contribution-type grants, are accounted for in accordance with FASB ASC 958-605-2. FASB ASC 958-605-2 requires that contributions are recognized when a donor/grantor makes a pledge to give that is, in substance, unconditional. Contributions, and contribution-type grants restricted by the donor/grantor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in donor restricted net assets depending on the nature of the restrictions. When a restriction expires, donor restricted net assets are reclassified to net assets without donor restrictions.

Volunteer Services

In-kind contributions of services are recognized as revenue in the financial statements if the services received (a) create or enhance nonfinancial assets (primarily property or other tangible or intangible assets) or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributed services that do not meet these criteria, and promises to give such services, are not recognized. Although Lake-Geauga Center operates with the help of many volunteers, no amounts have been reflected in the financial statements for contributed services based on these criteria.

Statements of Cash Flows

The Statements of Cash Flows are presented in accordance with FASB ASC 230. Unrestricted cash equivalents consist of high-yield savings accounts and money market accounts with maturities of three months or less, as of June 30, 2020 and 2019. There were no cash payments for interest or income taxes during the fiscal years ended June 30, 2020 and 2019.

Income Taxes

Lake-Geauga Center is a private non-profit corporation and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. None of Lake-Geauga Center's present or anticipated future activities are subject to taxation as unrelated business income. Therefore, no provision for income taxes has been made in the accompanying financial statements.

The Organization has adopted the provisions of FASB ASC 740-10-25 which requires the disclosure of uncertain tax positions. There have been no interest or penalties recognized in the accompanying Statement of Financial Position or in the Statement of Activities relating to uncertain tax positions. Additionally, no tax positions exist for which it is reasonably possible that the total amount of unrecognized tax benefits will significantly increase or decrease during the next 12 months. Lake-Geauga Center evaluates uncertain tax positions, if any, on a continual basis. The Organization's Federal tax returns are generally subject to examination by the IRS for three years after they are filed.

Disclosure of Subsequent Events

Lake-Geauga Center is required to disclose the date through which subsequent events have been evaluated, in accordance with the requirements of FASB ASC Paragraph 855. Lake-Geauga Center has evaluated all events that occurred from July 1, 2020 through the date the accompanying financial statements were available to be issued (November 20, 2020) for proper accounting and disclosure in the accompanying financial statements.

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENT
June 30, 2020 and 2019

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Use of Accounting Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make certain estimates that affect the amounts of assets, liabilities, revenues and expenses reported in the financial statements. Actual results could differ from those estimates.

Functional Allocation of Expenses

The costs of providing residential and outpatient treatment, prevention, and supportive services have been summarized on a functional basis in the Statements of Functional Expenses. Accordingly, certain costs have been allocated between program services and management and general expenses using various allocation methods which attempt to allocate the costs equitably, in relation to the benefits provided. These allocation methods are based on square footage or full-time equivalents, as applicable.

Impairment of Long-Lived Assets

The Organization reviews long-lived assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of an assets carrying value to its future undiscounted net cash flows. Impaired assets are recognized at the lower of fair value or carrying amount. No impaired assets were identified during the years ended June 30, 2020 and 2019.

Credit Risk

Financial instruments, that could potentially subject the Organization to concentration of credit risk include cash and cash equivalents, grants and reimbursement contracts receivable and investments. These financial instruments are all carried at their approximate fair value. The Organization's policy is to limit credit exposure on financial instruments and place its cash and cash equivalents with financial institutions that are credit worthy. Receivables are all considered fully collectible and are recorded based on a review of subsequent cash received. Investments, in general, are exposed to various risks, such as interest rate risk, credit risk and overall volatility.

Reclassifications

Certain balances in the 2019 financial statements have been reclassified to conform with the 2020 presentation.

NOTE 2 - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give totaled \$92,263 and \$146,220 as of June 30, 2020 and 2019, respectively. The balance as of June 30, 2020 consists exclusively of United Way funding pledged for the subsequent fiscal year. The balance as of June 30, 2019 consists of United Way funding pledged for the fiscal year ending June 30, 2020, of \$140,470, and capital campaign pledges totaling \$5,750.

No allowance for uncollectible campaign pledges has been reflected in the accompanying Statements of Financial Position and it is the opinion of management that substantially all pledges will be collected.

NOTE 3 - GRANTS/REIMBURSEMENT CONTRACTS RECEIVABLE

The grants/reimbursement contracts receivable balance consists of the following as of June 30, 2020 and 2019:

LAKE-GAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 3 - GRANTS/REIMBURSEMENT CONTRACTS RECEIVABLE (Continued)

<u>Funding Source</u>	<u>2020</u>	<u>2019</u>
Medicaid	\$136,486	\$302,074
Gaucha County Board of Mental Health & Recovery Services	67,602	34,410
Lake County Auditor	-	18,145
Lake County Tobacco Grants	20,009	17,484
Gaucha Commissioners Grant	-	17,167
Opiate Recovery Program	6,047	6,047
Various other grants/reimbursement contracts	<u>5,965</u>	<u>26,697</u>
	<u>\$236,109</u>	<u>\$422,024</u>

NOTE 4 - INVESTMENTS

Investments as of June 30, 2020 and 2019 consist of cash equivalents, certificates of deposit and mutual funds held in brokerage accounts. Original cost, fair value, unrealized appreciation (depreciation) and investment income is summarized below.

<u>June 30, 2020</u>				
<u>Investment Category</u>	<u>Original Cost</u>	<u>Fair Value</u>	<u>Cumulative Appreciation/Depreciation</u>	<u>Interest/Dividend Income</u>
Unrestricted:				
Cash equivalents	\$ 72,956	\$ 72,956	\$ -	\$ -
Certificates of deposit	681,253	681,253	-	14,592
Mutual funds	<u>202,559</u>	<u>202,956</u>	<u>397</u>	<u>27,675</u>
	<u>\$ 965,768</u>	<u>\$ 957,165</u>	<u>\$397</u>	<u>\$42,267</u>
<u>June 30, 2019</u>				
<u>Investment Category</u>	<u>Original Cost</u>	<u>Fair Value</u>	<u>Cumulative Appreciation/Depreciation</u>	<u>Interest/Dividend Income</u>
Unrestricted:				
Cash equivalents	\$62,066	\$62,066	\$ -	\$ -
Certificates of deposit	531,000	533,180	2,180	14,763
Mutual funds	<u>1,019,628</u>	<u>1,012,004</u>	<u>(7,624)</u>	<u>29,004</u>
	<u>\$1,612,694</u>	<u>\$1,607,250</u>	<u>\$5,444</u>	<u>\$43,767</u>

NOTE 5 - PROPERTY AND EQUIPMENT

Property and equipment consists of the following as of June 30, 2020 and 2019:

<u>Description</u>	<u>2020</u>	<u>2019</u>
Land and land improvements	\$971,650	\$ 734,922
Buildings and improvements	4,885,905	4,009,886
Furniture, fixtures and equipment	<u>663,690</u>	<u>606,997</u>
	6,521,245	5,351,805
Less: Accumulated depreciation	<u>1,592,595</u>	<u>1,360,357</u>
Property and equipment, net	4,928,650	3,991,448
Construction in progress	<u>144,393</u>	<u>268,261</u>
	<u>\$5,073,043</u>	<u>\$4,259,709</u>

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 6 – CONSTRUCTION IN PROGRESS

Construction in progress totaled \$144,393 and \$268,261 as of June 30, 2020 and 2019, respectively. As of June 30, 2020, approximately \$140,000 of the outstanding balance consists of costs associated with a new men's residential treatment facility. The remaining \$4,393 consists of costs for renovating the garage into an office and meeting room at the Concord Pines facility. As of June 30, 2019, approximately \$258,000 of the outstanding balance consists of the purchase price and renovations associated with a new men's recovery house. The new "Meigs" recovery house opened in August of 2019.

NOTE 7 – FAIR VALUE MEASUREMENTS

The Organization values its financial instruments at fair value. In accordance with FASB ASC 820, fair value is defined as the price that the Organization would receive to sell an investment or pay to transfer a liability in a timely transaction with an independent buyer in the principal market, or in the absence of a principal market the most advantageous market for the investment or liability. FASB ASC 820 establishes a three-tier hierarchy to distinguish between (1) inputs that reflect the assumptions market participants would use in pricing an asset or liability based on market data obtained from sources independent of the reporting entity (observable inputs) and (2) inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing an asset or liability based on the best information available in the circumstances (unobservable inputs) and to establish classification of fair value measurements for disclosure purposes. Various inputs are used in determining the value of the Agency's investments. The inputs are summarized in the three levels, required by FASB ASC 820, and listed below:

- Level 1 – Inputs represent unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access as of the measurement date.
- Level 2 – Inputs represent observable inputs other than quoted prices in active markets for identical assets.
- Level 3 – Inputs represent unobservable inputs supported by little or no market activity significant to the fair value measurements.

The Center's investments are reported at fair value in the accompanying Statements of Financial Position, and consisted of the following investment categories and related levels of inputs, as of June 30, 2020 and 2019:

<u>June 30, 2020:</u>		<u>Fair Value Measurement</u>			
<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Cash equivalents	\$ 72,956	\$ -	\$ 72,956	\$ -	
Certificates of Deposit	681,253	-	681,253	-	
Mutual funds	202,956	202,956	-	-	
	<u>\$957,165</u>	<u>\$202,956</u>	<u>\$754,209</u>	<u>\$ -</u>	
<u>June 30, 2019</u>		<u>Fair Value Measurement</u>			
<u>Investment Category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Cash equivalents	\$62,066	\$ -	\$62,066	\$ -	
Certificates of Deposit	533,180	-	533,180	-	
Mutual funds	1,012,004	1,012,004	-	-	
	<u>\$1,607,250</u>	<u>\$1,012,004</u>	<u>\$595,246</u>	<u>\$ -</u>	

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 8 – REFUNDABLE ADVANCES

Refundable advances, as of June 30, 2020 and 2019 totaled \$680,112 and \$877,139, respectively, and consists of the following:

	<u>2020</u>	<u>2019</u>
Lake County ADAMHS Board funding for July 2021/2020, received in subsequent fiscal year	\$110,431	\$110,431
Lake County ADAMHS Board Grants approved for carryover to subsequent fiscal year	-	65,391
Deferred revenue from fundraising events	<u>18,745</u>	<u>32,957</u>
	129,776	208,779
 Payroll Protection note (to be forgiven in FYE '21)	282,378	-
Addiction Treatment Program Funding	61,745	92,623
Refunds due grantors	<u>121,324</u>	<u>331,584</u>
	465,447	424,207
 Advances due to managed care providers	<u>85,489</u>	<u>244,153</u>
	<u>\$680,112</u>	<u>\$877,139</u>

NOTE 9 - LONG-TERM DEBT

Long-term debt consists of the following as of June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Non-interest bearing notes payable to Ohio Department of Mental Health and Addiction Services; principal portion being forgiven in 360 equal monthly installments totaling \$1,639 through 2045.	\$498,719	\$ 518,393
 Non-interest bearing notes payable to Ohio Department of Mental Health and Addiction Services; principal portion being forgiven in 360 equal monthly installments of \$879 through 2031.	112,549	123,101
 Non-interest bearing notes payable to Ohio Department of Mental Health and Addiction Services; principal portion being forgiven in 360 equal monthly installments of \$676 through 2048.	235,122	243,468
 Non-interest bearing notes payable to Ohio Department of Mental Health and Addiction Services; principal portion being forgiven in 360 equal monthly installments of \$612 through September, 2049.	<u>216,353</u>	-
	<u>\$1,062,743</u>	<u>\$884,962</u>

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 9 - LONG-TERM DEBT (Continued)

The non-interest bearing notes payable to the Ohio Department of Mental Health and Addiction Services are being forgiven monthly providing the Organization does not violate any covenants associated with this agreement. These loan covenants require, among other things, that the Organization continuously use the related facility for approved services, that they comply with the laws of the State of Ohio and that they make all tax and insurance payments on a timely basis. As of June 30, 2020, the Organization was in compliance with all debt covenants.

NOTE 10 - LINE OF CREDIT

Lake-Geauga Center has a \$300,000 line of credit available for working capital purposes at an interest rate of 2.4% above the LIBOR rate. There were no borrowings as of June 30, 2020 and 2019.

NOTE 11 - OPERATING LEASE AGREEMENTS

The Organization leases office space and equipment under certain operating lease agreements that expire at various times between June, 2021 and June, 2024. Future minimum payments under these lease agreements are as follows:

<u>Year Ended June 30,</u>	<u>Amount</u>
2021	\$39,016
2022	15,400
2023	23,616
2024	\$,904

Rent expense for all leases, during the years ended June 30, 2020 and 2019, totaled \$96,472 and \$99,925, respectively.

NOTE 12 - RETIREMENT BENEFITS

The Agency has a defined contribution retirement plan under Section 403(b) of the Internal Revenue Code. This Plan covers eligible employees as defined in the Plan document. Eligible employees are employees 18 years of age and older with at least one year of eligible service (1,000 or more hours). The Agency has agreed to make voluntary annual contributions to the Plan, at the discretion of the Board of Directors, to be computed based on a percentage of eligible salaries. The contributions for fiscal 2020 and 2019 totaled approximately \$60,000 in each year.

NOTE 13 - DONOR RESTRICTED NET ASSETS

Donor restricted net assets consist of the following as of June 30, 2020 and 2019:

<u>Description</u>	<u>2020</u>	<u>2019</u>
United Way Allocations:		
July, 2020 - June, 2021	\$92,263	\$ -
July, 2019 - June, 2020	-	140,470
Capital campaign pledges/contributions	-	5,750
	<u>\$92,263</u>	<u>\$146,220</u>

LAKE-GEAUGA RECOVERY CENTERS, INC.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020 and 2019

NOTE 14 – NET ASSETS WITHOUT DONOR RESTRICTIONS – BOARD DESIGNATED

Net Assets Without Donor Restrictions – Board-designated totaled \$957,165 and \$1,607,250 as of June 30, 2020 and 2019 and consists of Board-designated investments which have been internally restricted by the Center's Board of Directors. In accordance with FASB ASC 958 Not-for-Profit Entities, because these investments are free of external restrictions, they have been classified as "without donor restrictions" in the accompanying Statements of Financial Position.

NOTE 15 – CONCENTRATIONS

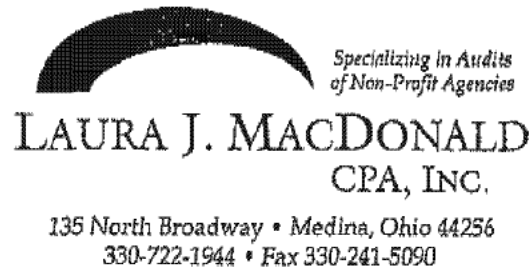
Lake-Geauga Center maintains its cash in bank deposit accounts which may, at times, exceed federally insured limits. As of June 30, 2020 cash balances exceeded federally insured limits by approximately \$512,000. All of the Organization's cash deposits and investments are held by reputable financial institutions and management believes the risk associated with uninsured deposits is low.

Grants and reimbursement contracts receivable are due from governmental agencies.

NOTE 16 - LIQUIDITY

The Center's primary source of revenues includes program service fees and governmental grants and reimbursement contracts. Because the Organization's unrestricted revenue stream is substantial, Organization's management anticipates it will have no difficulty maintaining sufficient resources to meet any restrictions imposed by its donors during the upcoming year.

As of June 30, 2020, the Lake-Geauga Center had \$1,988,356 in unrestricted cash and investments available to meet obligations for general expenditures.



**INDEPENDENT AUDITOR'S REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Lake-Geauga Recovery Centers, Inc.
Mentor, Ohio

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Lake-Geauga Recovery Centers, Inc. (a non-profit organization), which comprise the Statement of Financial Position as of June 30, 2020, and the related Statements of Activities, Functional Expenses and Cash Flows for the year then ended and the related Notes to the Financial Statements, and I have issued my report thereon dated November 20, 2020.

Internal Control Over Financial Reporting

In planning and performing my audit of the financial statements, I considered Lake-Geauga Recovery Centers, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Lake-Geauga Recovery Centers, Inc.'s internal control. Accordingly, I do not express an opinion on the effectiveness of Lake-Geauga Recovery Centers, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

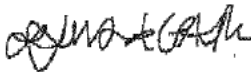
Board of Directors
Lake-Geauga Recovery Centers, Inc.
Mentor, Ohio

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Lake-Geauga Recovery Centers, Inc.'s financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Lake-Geauga Recovery Centers, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Medina, Ohio
November 20, 2020



Appendix IV:

Fee Schedule

Lake County ADAMHS Board

Ability to Pay Scale Based on Gross Annual Family Income (effective 7/1/2019)

Family Size	Federal Poverty Guideline Percent		138%		175%		200%		225%		250%	
	No Client Payment		10%		25%		50%		75%			
	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru
1	\$0	\$17,361	\$17,362	\$21,858	\$21,859	\$24,980	\$24,981	\$28,103	\$28,104	\$31,225		
2	\$0	\$23,505	\$23,506	\$29,593	\$29,594	\$33,820	\$33,821	\$38,048	\$38,049	\$42,275		
3	\$0	\$29,649	\$29,650	\$37,328	\$37,329	\$42,660	\$42,661	\$47,993	\$47,994	\$53,325		
4	\$0	\$35,793	\$35,794	\$45,063	\$45,064	\$51,500	\$51,501	\$57,938	\$57,939	\$64,375		
5	\$0	\$41,936	\$41,937	\$52,798	\$52,799	\$60,340	\$60,341	\$67,883	\$67,884	\$75,425		
6	\$0	\$48,080	\$48,081	\$60,533	\$60,534	\$69,180	\$69,181	\$77,828	\$77,829	\$86,475		
7	\$0	\$54,224	\$54,225	\$68,268	\$68,269	\$78,020	\$78,021	\$87,773	\$87,774	\$97,525		
8	\$0	\$60,368	\$60,369	\$76,003	\$76,004	\$86,860	\$86,861	\$97,718	\$97,719	\$108,575		
9	\$0	\$66,373	\$66,374	\$83,563	\$83,564	\$95,500	\$95,501	\$107,438	\$107,439	\$119,375		
10	\$0	\$72,377	\$72,378	\$91,123	\$91,124	\$104,140	\$104,141	\$117,158	\$117,159	\$130,175		
11	\$0	\$78,382	\$78,383	\$98,683	\$98,684	\$112,780	\$112,781	\$126,878	\$126,879	\$140,975		
12	\$0	\$84,387	\$84,388	\$106,243	\$106,244	\$121,420	\$121,421	\$136,598	\$136,599	\$151,775		



Appendix V:

Insurance



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company

COMMON POLICY DECLARATIONS

Policy Number: PHPK2153761

Named Insured and Mailing Address:

Lake-Geauga Recovery Centers, Inc.
9083 Mentor Ave
Mentor, OH 44060-6462

Producer: 483

The James B. Oswald Company
1100 Superior Avenue, Suite 1500
Oswald Centre
Cleveland, OH 44114

Policy Period From: 07/01/2020 **To:** 07/01/2021

(216)367-8787

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Alcohol and Drug Rehab

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

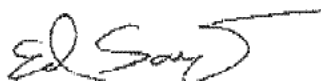
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	28,881.00
Commercial General Liability Coverage Part	4,233.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	295.00
Commercial Auto Coverage Part	2,590.00
Businessowners	
Workers Compensation	
Employee Benefits	500.00
Professional Liability	20,765.00
Sexual/Physical Abuse	4,180.00
Stop Gap Liability	504.00
Cyber Security Liability End	215.00
Total	\$ 62,163.00
Total Includes Federal Terrorism Risk Insurance Act Coverage	242.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)


Secretary


John W. Glomb, Jr.
President & Chief Underwriting Officer

Philadelphia Indemnity Insurance Company

Form Schedule -- Policy

Policy Number: PHPK2153761

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
WHY MyPHLY	0000	WHY MyPHLY?
CSNotice-1	0120	Making Things Easier
BJP-190-1	1298	Commercial Lines Policy Jacket
PI-SAMEX-NOTICE 1	0519	Advisory Notice To Policyholders
PI-FEES-NOTICE 1	0619	Notice Late Fee Reinstatement Fee
PP2015	0615	Privacy Policy Notice
CPD-PIIC	0614	Common Policy Declarations
Location Schedule	0100	Location Schedule
Mortgagee Schedule	0100	Mortgagee Schedule
Loss Payee Schedule	0100	Loss Payee Schedule
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement
IL0244	0907	Ohio Changes - Cancellation and Nonrenewal
IL0952	0115	Cap On Losses From Certified Acts Of Terrorism
PI-ACL-001	1218	Absolute Cyber Liability And Electronic Exclusion
PI-HS-026	1118	Limitation - Foster Parents
PI-SAM-018	0519	Absolute Abuse or Molestation Exclusion
PI-TER-DN1	0115	Disclosure Notice Of Terrorism Ins Coverage Rejection
PI-TER-DN2 OH	1015	Disclosure Pursuant To Terrorism Risk Insurance Act



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland OH 44114	CONTACT Betsy Harting NAME: PHONE (A/C No. Ext): (216) 367-8787 FAX (A/C No.): (216) 241-4820 E-MAIL ADDRESS: BHarting@oswaldcompanies.com														
INSURED Lake-Geauga Recovery Centers, Inc. 9083 Mentor Avenue Mentor OH 44060	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Compar</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Compar	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Insurance Compar	18058														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 20/21

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		PHPK2153761	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Includes Professional Liability					MED EXP (Any one person) \$ 20,000
	<input checked="" type="checkbox"/> Liability					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:					Abuse & Molestation \$ \$1M/\$2M
A	AUTOMOBILE LIABILITY		PHPK2153761	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PHUB729675	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		PHPK2153761	7/1/2020	7/1/2021	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000 OHIO
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 STOP
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000 GAP
A	Blanket Property, \$1,000 Ded		PHPK2153761	7/1/2020	7/1/2021	\$5,254,244 Building \$566,000 Pers.
A	Employee Dishonesty		PHSD1556504	7/1/2020	7/1/2021	\$2,500 Deductible \$250,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Liability coverage covers all employed professionals of the named insured Lake-Geauga Recovery Centers Inc. with the exception of physicians which are excluded. (Reference Deborah Cooney)

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Phil Dent/DENPHI

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ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (2014/01)

CONFIDENTIAL

ADAMHS000028057

DEF-MDL-14329.00160



Appendix VI:

EEO Statement



Administrative Office
9083 Mentor Avenue
Mentor, OH 44060
(440) 255-0678 (TDY)
Fax (440) 255-6348
www.lgrc.us

Lake-Geauga Recovery Centers, Inc.
E.E.O. Statement for Employees

TO: All Employees
FROM: Melanie Blasko, President & CEO
RE: Equal Employment Opportunity

It is the policy of the Lake-Geauga Recovery Centers, Inc. to ensure equal employment opportunity in accordance with the Ohio Revised Code 4112.02 and all applicable federal regulations and guidelines. Employment discrimination against employees and applicants due to race, color, religion, sex (including gender identity, sexual orientation and pregnancy), military status, national origin, disability, age (40 years old or more), or genetic information is illegal.

Lake-Geauga Recovery Centers, Inc. managers and employees will comply with the state and federal equal employment laws, rules, regulations and guidelines. This policy statement will be disseminated to all employees, various recruitment sources and displayed on all construction job sites and business locations. Any employees that deliberately violate this policy will be subject to disciplinary action.

Our goal is to hire a culturally diverse staff reflecting the racial composition of our service area. Our further objective is to attempt to address specific needs of cultural and relevant programming for ethnic minorities, sensory impaired, and recruitment sources. Our commitment to equal employment opportunity will be publicized by displaying posters from the Ohio Civil Rights Commission and the Equal Employment Opportunity Commission.

Persons who believe Lake-Geauga Recovery Centers, Inc. has discriminated against them may file a discrimination complaint with the agency's Chief Operating Officer. The EEO Representative has full authority to manage issues involving employment discrimination. Once the complaint is filed, every effort shall be made to resolve it within the timeframes established. All personnel of this agency are asked to assist in this effort to achieve equal employment opportunity.

Point of contact to file allegations of discrimination:

Company's EEO Representative: Kerri Luckner
Location: 9083 Mentor Avenue, Mentor, Ohio 44060
Phone Number: 440-255-0678; 440-205-2677
E-Mail Address: kluckner@lgrc.us

Note: Copies of this policy will be distributed to all newly hired staff and to all employees on an annual basis.

O:\WORDDOCS\MASTERS\POLICY\EEO.1020.docxx

revised 10/12/20

An equal opportunity provider and employer



United Way
United Way of Lake & Geauga Counties



CONFIDENTIAL

ADAMHS000028059

DEF-MDL-14329.00162



Appendix VII:

LGRC Accessibility Plan

Lake-Geauga Recovery Centers
Accessibility Plan FY2021-22

With a great deal of focus on stakeholder satisfaction, accessibility to services and employment is a high priority. The scope of accessibility has broadened and encompasses variables that affect the operations and viability of the organization. It is the responsibility of every stakeholder of Lake-Geauga Recovery Centers to make efforts to remove barriers that affect service delivery or impede efforts to make Lake-Geauga Recovery Centers the employer of choice. The President & CEO is ultimately responsible to prioritize efforts and allocate resources to remove barriers. Lake-Geauga Recovery Centers tries to integrate the assessment of accessibility into all aspects of its operations by developing an action plan and monitoring/evaluation system, where issues have been identified and discussed.

Barrier	Priority	Action	Responsibility/ Time Frame
<u>ARCHITECTURAL</u>			
Chardon: Need more office and group room space	1	1. Management will explore other options for an outpatient location in Geauga County. Admin staff will identify an appropriate space and pursue.	Management Team By December 2021
Update:			
Mentor: Front desk/lobby area needs to be remodeled	2	1. Admin Team and board will work with architects to get plans to remodel.	Admin January 2021- December 2021
Update:			
<u>CULTURAL</u>			
Lack of education and increased understanding of cultural diversity and a more culturally diverse staff. (FY13-21)	1	1. Management will continue to provide cultural diversity training to staff. 2. LGRC to start a Diversity and Inclusion Committee to be chaired by Wendy Dixon	Management Team/Diversity & Inclusion Committee 1. Ongoing 2. Form committee by January 2021
Update:			

Lake-Geauga Recovery Centers
Accessibility Plan FY2021-22

Barrier	Priority	Action	Responsibility/ Time Frame
<u>SERVICE DELIVERY</u>			
Additional childcare is needed as clients are unable to focus on treatment when there is no one available to care for their children.	2	<ol style="list-style-type: none"> 1. Maintain current staffing level of childcare workers. 2. Management will investigate the feasibility of obtaining outside childcare. 	Director of Residential Services 1. ASAP 2. December 2021
Update:			
Outpatient programming needs to be more flexible and conducive to the needs of our clients. (e.g., more evening/morning individual counseling, counselors working in more than one outpatient setting).	1	<ol style="list-style-type: none"> 1. Explore opening on Saturdays 2. Consider expanding telehealth 3. Consider hiring part time staff for morning/evenings hours. 4. Research feasibility of contract staff 5. Promote expanded services as needed/developed 	Admin Staff/Chief Development Officer March 2021
Update:			
Residential: Case Manager is needed for residential treatment programs	3	<ol style="list-style-type: none"> 1. LGRC will look to hire additional Case Manager dependent on budget 	Director of Residential Services/CFO July 2021
Update:			
<u>FINANCIAL</u>			
Residential clients have identified needing more assistance and resources for financial issues.	1	Explore and share case management resources and classes on financial planning and savings.	Director of Residential Services/Residential Treatment Managers

Lake-Geauga Recovery Centers
Accessibility Plan FY2021-22

Barrier	Priority	Action	Responsibility/ Time Frame
<u>EMPLOYMENT</u>			
Clients are identifying criminal backgrounds/records are barriers to finding meaningful employment.	1	1. Reach out to Re-Entry Coalition for resources 2. Monitor SB 3	Director of Residential Services/Residential Treatment Managers Ongoing
Update:			
Staff reports a non-progressive work environment	2	Admin team to evaluate what a like more flexible/progressive work environment would be desirable for staff. For example: cross training, four day work week, remote work.	Admin Staff By December 2021
Update:			
<u>COMMUNICATION \ INFORMATION TECHNOLOGY</u>			
Connectivity issues with the internet at outpatient offices and residential/when Mentor internet goes down, all locations go down	1	Griffin Tech to evaluate and do testing on connectivity and troubleshoot	GriffinTek/Management Team
Update:			
Telehealth capability (residential privacy concerns)	2	Evaluate spaces for private telehealth	Director of Residential Services/Residential Treatment Managers
Update:			

Lake-Geauga Recovery Centers
Accessibility Plan FY2021-22

Barrier	Priority	Action	Responsibility/ Time Frame
<u>TRANSPORTATION/LOCATION</u>			
Transportation barriers to locations (Lake Tran does not run late, clients don't have license/cars, public transportation difficulties)	1	1. Check if the car repair program in Geauga is still operational 2. CTP? Brianna Moon – how do our clients access 3. Relay information/resources to staff	COO
Update: 1. Life line update - They would just need to call our Geauga office to inquire about it and schedule a phone appointment. 2. COO provided a transportation resource guide from MMC that COO distributed)			
<u>OTHER BARRIERS</u>			
Loss of clients due to not having a psychiatrist on staff to provide appropriate mental health services	2	Admin staff to evaluate contracting part time psychiatric services.	Admin June 2021
Update:			
Expression of Chardon staff and clients exclusion	1	Reach out to staff to get more information and solutions	Risk Quality/COO ASAP
Update:			



Appendix VIII:

LGRC Risk Management Plan

Lake-Geauga Recovery Centers
Risk Management Plan – SFY 2019 /2020 / 2021

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Governance	More Board diversity to include minority, different ages and varying skill set.	Governance Committee meets every other month	Open/Low	<ul style="list-style-type: none"> Governance Committee of the Board is responsible for board recruitment. 	President & CEO / Board of Directors On-going
Progress: 9/3/20: Minimal progress, some progress with diversity of skills sets; Board is aware of lack of diversity					
Leadership	1)Need to increase community awareness of agency as premier treatment facility	Management Team	Open/High	<ul style="list-style-type: none"> Increase leadership role to provide education and community awareness of agency 	Administrative Team On-going
	2)Lack of written, robust and comprehensive succession plan	Management Team	Open/High	<ul style="list-style-type: none"> Cross training of other administrative staff Responsibilities and Tasks Manuals Recruitment 	Administrative Team On-going
	3)Shortage of administrative and management staff to keep up with expansion (managers and supervisors, senior clinicians and team leads)	Management Team	Open/Medium	<ul style="list-style-type: none"> Evaluation of need for additional administrative\management staff on an on-going basis Recruitment and promotion of qualified persons for open positions. Funding \ revenue to support additional staff 	Administrative Team On-going
Progress: 9/3/20: 1): There has been favorable progress on increasing community awareness of agency including annual appeals but is still minimal due to COVID19. John Keller is promoting the agency well. 2): Succession plan still lacks, rated high status, Larry has developed documentation of QI reporting. 3): Residential management added to staff has improved progress					

Lake-Geauga Recovery Centers
Risk Management Plan – SFY 2019 /2020 / 2021

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Financial	1) Future of Medicaid Reimbursement: Expansion and Managed Care Contracting	Management Team	Open/Medium	<ul style="list-style-type: none"> • Management and administrative staff to attend local and statewide trainings • Training on clinical and billing staff on changes to delivery of services • Preparation of MIS and staff for managed care environment and rate changes. • Develop plan and implement any needed service delivery changes to maximize reimbursement and changes related to re-design 	Chief Operating Officer, Clinical Supervisor On-going
	2) Billing Accurately	Ongoing supervision Monthly Reporting	Open/High	<ul style="list-style-type: none"> • Protocols and established processes to monitor and make speedy corrections billing errors. • Supervisors providing on-going consistent supervision of their staff, addressing accuracy in billing and sound clinical documentation. 	Chief Operating Officer, Clinical Supervisor Fiscal Staff On-going
	3) Poor/Non-performing Electronic Records System	Ongoing supervision Monthly Reporting	Open/High	<ul style="list-style-type: none"> • Upgrade of current CATT MIS, and evaluation of performance of this MIS system. • Evaluation, research and demonstration of other MIS software programs. 	Chief Operating Officer, Clinical Supervisor On-going
	4) Competition from other behavioral health care entities.	Board of Trustees Management	Open/Low	<ul style="list-style-type: none"> • Continuous monitoring of waiting lists • Retention strategies to keep clients in treatment, especially opiate addicts • Continue to engage clients into other services until bed are available • Marketing of efficacy of programs and services in the community 	Chief Operating Officer, Clinical Supervisor Residential Treatment Manager On-going

Lake-Geauga Recovery Centers
Risk Management Plan – SFY 2019 /2020 / 2021

	5) Risk of Fraud (checks) – internal and external	Plans and HR policy	Open/Low	<ul style="list-style-type: none"> Internal policy and processes in place to assure that checks are not at risk of fraud. Internal process to monitor are checking protocols. 	President & CEO Chief Operating Officer On-going
Progress: 9/3/20 1) There are currently 5 managed care companies we are contracted with- at maximum progress. Shaelin completed the requested contract documentation and Kerri and Shaelin have met with Gary via GoogleMeets to go over where we stand with credentialing, etc. We are in good standing. There may be delays with contracts due to COVID19. 2) Billing accurately status changed to high. Candi and Robyn have been doing a good job with billing responsibilities, resulting in more progress being made. However, more supervision is needed to make sure there is enough note monitoring and spot calls being made. 3) Electronic Record system status is high. Charles and Valerie will be looking into other systems than CATT due to too many technical issues with the system. 4) Competition from other behavioral care entities (such as Ravenwood, Crossroads, Signature Health and others) is medium/high due to competitions increasing with telehealth services and with Signature Health planning to open residential services. Expansion of residential treatment including plan for new men residential treatment facility in FY21 and opening of The Meigs and Twelve Meadows recovery houses in FY20, currently have six recovery houses. In addition, in FY20 we open Concord Pines a 16-beds men residential treatment facility program; we need to continue to market our full continuum of care in the community. The admission list for residential treatment needs addressed. Need to work on strategies to keep clients in treatment and stressing the importance of the first 30 days of treatment. 5) We have made maximum progress with are internal and external controls around risks related to checks and fiscal policies. Need to make sure we are in good standing for a Medicaid audit					

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Information Management / IT	1) Intrusion protection / breach avoidance <i>(new – risk of being hacked)</i>	John Griffin and Management Team	Open/Low	<ul style="list-style-type: none"> Managed at gateway/firewall, Cisco Umbrella, client firewalls 	John Griffin Management Team On-going
	2) Connectivity outage, power outage, system failure	John Griffin and Management Team	Open/High	<ul style="list-style-type: none"> Planning, protocols and processes that Griffin Tech will develop and implement to reduce risk. 	John Griffin Management Team On-going
	3) Speed for remote users	John Griffin and Management Team	Open/Low	<ul style="list-style-type: none"> On-going monitoring and quick response to rectify any issues On-going upgrade and use of quality technology to improve upon this issue. 	John Griffin Management Team On-going
Progress: 9/3/20: 1, 2, 3): The speed for remote users has been updated as of April 2020 and is much better. Infosec emails have been implemented					

Lake-Geauga Recovery Centers
Risk Management Plan – SFY 2019 /2020 / 2021

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Human Resources	1) Finding qualified licensed candidates to fill positions	Management Team	Open/High	<ul style="list-style-type: none"> Establish turnover rate of 15% Do better job of selection of staff and training of staff Use of more interns and volunteer within agency's programs Recognition of good work Monitor turnover rate 	Chief Operating Officer, Clinical Supervisor Residential Treatment Manager On-going
	2) Opportunities for advancement	Management Team	Open/Low	<ul style="list-style-type: none"> Staff retention Promotion of existing staff Training of staff 	President & CEO, Chief Operating Officer On-going
	3) Lack of training and cross training	Supervision Documentation	Open/High	<ul style="list-style-type: none"> Training plan for prioritizing staff in need of cross-training 	Management Team On-going
	4) Maintain Licenses, ie: driver's license, counselors license	Supervision Documentation	Open/Medium	<ul style="list-style-type: none"> Supervisors during regular and annual performance reviews remind and hold staff accountable for maintaining of licenses. 	HR On-going
<p>Progress: 9/3/20:</p> <p>1): LGRC just hired a new counselor that was previously an intern. We currently have two other interns, one counselor that completed her internship with us we have recently hired. Recognition of good work- everyone can do better with this.</p> <p>2 & 3): There is a need for better training of staff agency wide. Staff needs to be in the position to be promoted in order for advancement for example, Kerri and Joan have both been promoted in house. Residential staff needs more training especially with medication distribution and proper scanning of documents. There needs to be a checklist created for training. LGRC supports in continuing education</p> <p>4): It is the responsibility of staff to make sure their certifications/license are up to date and this needs to be included in job descriptions, the ISolve notices from HR to supervisors have been helpful reminders. Candi meets with new staff for billing purposes.</p>					

Lake-Geauga Recovery Centers
Risk Management Plan – SFY 2019 /2020 / 2021

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Program	1) Loss of referrals and poor outcomes	Management Team	Open/Medium	<ul style="list-style-type: none"> • More outreach • Better follow up with Clients • More supervisory accountability of counselors to meet monthly productivity expectations (including job evaluation and rating of unsatisfactory if not meeting expectation for productivity) • Consistently incorporate review of counselors' CATT schedule to assure that they are scheduling enough clients' appointments to meet productivity 	President & CEO Management Team On-Going
	2) Increased competition for services (preferred provider)	Management Team	Open/High	<ul style="list-style-type: none"> • Continuous quality improvement of services, through tracking outcomes and implementing new interventions to improve results. • Developed stronger relationships and collaboration with Medicaid Managed Care entities. • Marketing of efficacy of programs and services in the community 	Chief Operating Officer, Clinical Supervisor On-Going
	3) Not being prepared for Medicaid Managed Care	Monitor with management team and through State deadlines for implementation of changes in reimbursement rates and delivery of services changes	Open/Medium	<ul style="list-style-type: none"> • Preparation of MIS and staff for managed care environment and rate changes. • Enrollment of qualified clinicians as rendering providers of Medicaid • Developed stronger relationships and collaboration with Medicaid Managed Care entities. • Develop plan and implement any needed service delivery changes to maximize reimbursement and changes related to re-design 	Chief Operating Officer, Clinical Supervisor On-Going

Lake-Geauga Recovery Centers
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Program	4)Relationship with referral sources and community	Management Team	Open/High	<ul style="list-style-type: none"> On-going communications with referral sources Quarterly meetings with key referral sources to receive their input on our services, and to share with them updates and outcomes. 	President & CEO Management Team
	5)Staff resistance to MAT	Management Team	Open/Medium	<ul style="list-style-type: none"> More trainings with staff on MAT, pros and cons the different types of MAT Tracking and reporting of MAT clients and treatment outcomes. 	Chief Operating Officer Nurse Practitioner, Clinical Supervisor

Progress: 9/3/20:

- 1): With the hiring of a Peer Recovery Re-Engagement Specialist we have seen a significant improvement in outreach to clients, although we would like to see more improvement with outreach and follow-up from some of our outpatient counselors. Need to continue to emphasize and hold accountable counselors for meeting productivity expectations, there has been inconsistent progress.
- 2): We have made some progress in marketing of our services in the community and in enhancing and growing our services to better serve clients and community.
- 3) We are in good position for managed care companies, we started doing PA spreadsheets, new contracts, etc.
- 4) There recently developed an intensive relapse prevention intervention weekend program in coordination with Geauga County Drug Court to be implemented in the Fall and open to other counties' drug courts as well. Relationships with referral sources and community status HIGH. Dave goes to Geauga Drug Court meetings every week. More progress in needed to share information and outcomes with referral sources. Contract with Psychiatrist for mental health clients?

Category	Potential Loss / Exposure	Assessment & Monitoring	Status	Action	Responsibility/ Time Frame
Safety	1)Residential security cameras and alarms	Management and Health Safety	Open/Medium	<ul style="list-style-type: none"> Will look into funding opportunities to have security cameras at all of our residential facilities 	President & CEO Development Officer On-going
	2)Staffing Recovery Houses/unsupervised tenants	Management and Health Safety	Open/Medium	<ul style="list-style-type: none"> Development of strategies for recruiting and retaining house managers for our recovery houses. On-going supervision and addressing training needs of recovery house managers. 	Chief Operating Officer, Residential Treatment Manager On-going
	3)Employee Safety and Risk of Violence	Management and Health Safety	Open/Medium	<ul style="list-style-type: none"> On-going trainings on safety related issues and policies. Evaluation of staff's needs for training. 	President & CEO On-going

Lake-Geauga Recovery Centers
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				<ul style="list-style-type: none"> Annual training on agency's health and safety policies and procedures. 	
Progress: 9/3/20: 1): Security System and alarms have been implemented at Lake House, and all residential facilities have addressed security alarms and cameras. 2): Currently all of our recovery houses have house managers, and are being provided adequate supervision. 3): The Active Shooter Training was cancelled due to COVID19; this will need to be rescheduled at some point. The annual training on agency health and safety policies and procedures was done Feb 2020, needs done again in 2021. There will be more trainings done at residential facilities on medication management and the medication management policy will be updated.					



Appendix IX:

LGRC Quality Improvement Plan

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Program #	Program(s)	Description	Freq.	Indicators (Details & Comments)	FY 21 Target*	1st. Q	2nd. Q	3rd. Q	4th. Q	FY 20 / 21
Case Review										
1	All Programs	Records Reviews	Monthly	Clinical records corrected within 7 work days Green: 90% or Higher ; Yellow: 80% to 89%; Red: Less than 80%.	90%	96%	100%			98%
Q1: 26/27(96%) Q2: 30/30 (100%) FY21 YTD: 61/62(98%)										
1	All Programs	Records Reviews	Monthly	Clinical records corrected within 7 work days Green: 90% or Higher ; Yellow: 80% to 89%; Red: Less than 80%.	90%	100%	97%		100%	92%
Q1: 16/16(100%) Q2: 23/24(97%) Q3: 15/19 (79%) Q4: 12/12 (100%) FY20 YTD: 54/59 (92%)										
Program Evaluation / Residential										
2	Lake House	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%	53%	58%			56%
Q1: 8/15 (53%) Q2: 11/19 (58) FY21 YTD: 19/34 (56%)										
2	Lake House	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%	60%	60%			56%
Q1: 15/25 (60%) Q2: 17/28 (61%) Q3: 16/34 (47%) Q4: 11/82 (61%) FY20 YTD: 59/105 (56%)										
3	Oak House	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%		73%			57%
Q1: 10/22 (45%) Q2: 11/15 (73%) FY21 YTD: 21/37 (57%)										
3	Oak House	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%	57%	60%	59%		
Q1: 12/21 (57%) Q2: 13/21 (62%) Q3: 13/22 (59%) Q4: 8/11 (73%) FY20 YTD: 47/76 (62%)										
4	Nevaeh Ridge	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%		56%			50%
Q1: 3/7 (43%) Q2: 5/9 (56%) FY21 YTD: 8/16 (50%)										
4	Nevaeh Ridge	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%	56%	56%	64%	57%	65%
Q1: 5/9 (56%) Q2: 4/7 (57%) Q3: 5/6 (83%) Q4: 3/4 (75%) FY20 YTD: 17/26 (65%)										
5	Concord Pines*	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%		67%			52%
Q1: 3/10 (30%) Q2: 10/15 (67%) FY21 YTD: 13/25 (52%)										
5	Concord Pines*	Discharge Report	Qtr.	Attainment of treatment goals Green: 60% or Higher ; Yellow: 50% to 59%; Red: Less than 50%.	60%	NA	NA			
Q1: NA Q2: NA Q3: 4/9 (44%) Q4: 3/8 (37%) FY20 YTD: 8/19 (42%) - Concord Pines was not open Q1 & Q2										
6	Lake House	Follow-up	Qtr.	Self Reported Continued Sobriety for 1 Year (every 3 mos) Green: 60% or Higher ; Yellow: 40% to 60%; Red: Less than 40%.	60%	71%	73%			72%
Q1: 71% (N:34) Q2: 73% (N:32) FY21 YTD: 72% (N:66)										
6	Lake House	Follow-up	Qtr.	Self Reported Continued Sobriety for 1 Year (every 3 mos) Green: 60% or Higher ; Yellow: 40% to 60%; Red: Less than 40%.	60%	90%	80%	47%	87%	56%
Q1: 15/25 (60%) Q2: 17/28 (61%) Q3: 16/34 (47%) Q4: 11/82 (61%) FY20 YTD: 59/105 (56%)										
7	Oak House	Follow-up	Qtr.	Self Reported Continued Sobriety for 1 Year (every 3 mos) Green: 60% or Higher ; Yellow: 40% to 59%; Red: Less than 50%.	75%	98%	100%			99%
Q1: 98% (N:49) Q2: 100% (N:46) Q3: 99% (N:35)										
7	Oak House	Follow-up	Qtr.	Self Reported Continued Sobriety for 1 Year (every 3 mos)	60%	93%	92%	99%		93%

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Green: 60% or Higher ; Yellow: 40% to 59% ; Red: Less than 50% Q1: 93% (N:44) Q2: 92% (N:50) Q3: 93% (44) Q4: 94% (N:47) FY20 YTD: 93% (N: 188)										
8	Lake House	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%	39%	100%			60%
Green: 50% or Higher ; Yellow: 35% to 49% ; Red: Less than 35% Q1: 9/23 (60%) Q2: 12/12 (100%) FY21 YTD: 21/35 (60%)										
9	Lake House	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%	43%				
Green: 50% or Higher ; Yellow: 35% to 49% ; Red: Less than 35% Q1: 12/28 (43%) Q2: 16/24 (67%) Q3: 15/18 (83%) Q4: 11/14 (79%) FY20 YTD: 54/84 (64%)										
#	Program(s)	Description	Freq.	Indicators (Details & Comments)	FY 21 Target*	1st. Q	2nd. Q	3rd. Q	4th Q.	FY 20 / 21
9	Nevada Ridge	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%	67%				
Green: 50% or Higher ; Yellow: 35% to 49% ; Red: Less than 35% Q1: 4/6 (67%) Q2: 1/11 (09%) FY21 YTD: 5/17 (29%)										
9	Nevada Ridge	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%	50%	44%			
Q1: 5/9 (56%) Q2: 4/7 (57%) Q3: 5/6 (83%) Q4: 3/4 (75%) FY20 YTD: 17/26 (65%)										
10	Concord Pines	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%		100%			50%
Green: 55% or Higher ; Yellow: 40% to 54% ; Red: Less than 40% Q1: 4/15 (27%) Q2: 11/11 (100%) FY21 YTD: 15/26 (58%)										
10	Concord Pines	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	50%	NA	NA	NA	NA	NA
Green: 50% or Higher ; Yellow: 35% to 49% ; Red: Less than 35% Q1-Q4 N/A: Concord Pines opened mid-year										
11	Oak House	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	55%	56%	83%			67%
Green: 55% or Higher ; Yellow: 40% to 54% ; Red: Less than 40% Q1: 10/18 (56%) Q2: 10/12 (83%) FY21 YTD: 20/30 (67%)										
11	Oak House	Milestones	Qtr.	Meet All Treatment Milestones' Targets at Discharge*	55%	50%	74%	19%	53%	57%
Green: 55% or Higher ; Yellow: 40% to 54% ; Red: Less than 40% Q1: 12/24 (50%) Q2: 14/19 (74%) Q3: 11/14 (79%) Q4: 8/15 (53%) FY20 YTD: 48/72 (67%)										
Program Evaluation / Outpatient										
12	Mentor / Pville Outpt.	Discharge Report	Qtr.	Attainment of treatment goals	60%	62%	65%			62%
Green: 60% or Higher ; Yellow: 50% to 59% ; Red: Less than 50% Q1: 18/29 (62%) FY20 YTD: 18/29 (62%)										
12	Mentor / Pville Outpt.	Discharge Report	Qtr.	Attainment of treatment goals	60%	60%	60%			
Green: 60% or Higher ; Yellow: 50% to 59% ; Red: Less than 50% Q1: 37/62 (60%) Q2: 39/59 (66%) Q3: 32/49 (65%) Q4: 25/40 (62%) FY20 YTD: 133/210 (63%)										
13	Chardon Outpt.	Discharge Report	Qtr.	Attainment of treatment goals	60%	65%	76%			65%
Green: 60% or Higher ; Yellow: 50% to 59% ; Red: Less than 50% Q1: 15/23 (65%) FY21 TYD: 15/23 (65%)										
13	Chardon Outpt.	Discharge Report	Qtr.	Attainment of treatment goals	60%	53%				
Green: 60% or Higher ; Yellow: 50% to 59% ; Red: Less than 50% Q1: 10/16 (53%) Q2: 20/29 (69%) Q3: 16/25 (64%) Q4: 13/20 (65%) FY20 TYD: 59/90 (66%)										
14	Lake / Geauga	IOP Milestones	Qtr.	Meet All Milestones' Targets at Discharge	60%					
Green: 60% or Higher ; Yellow: 49% to 59% ; Red: Less than 49% Q1: 20/42 (48%) Q2: 23/64 (36%) FY21 YTD: 43/106 (41%)										

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14	Lake/Geauga	IOP Milestones	Qtr.	Meet All Milestones' Targets at Discharge	60%					
Green: 60% or Higher; Yellow: 40% to 59%; Red: Less than 40% Q1: 28/64 (44%); Q2: 32/52 (62%); Q3: 29/46 (63%); Q4: 24/46 (52%) FY20 YTD: 113/208 (54%)										
15	Lake/Geauga	IOP Discharge Report	Qtr.	Clients' Drop-Outs Rate Intensive Outpatient	35%* or lower	47%				43%
Green: 35% or Lower; Yellow: 36% to 50%; Red: Greater than 50% Drop out rate by week 3 of treatment FY21 YTD 43%										
15	Lake/Geauga	IOP Discharge Report	Qtr.	Clients' Drop-Outs Rate Intensive Outpatient	35%* or lower	43%	40%		43%	37%
Green: 35% or Lower; Yellow: 36% to 50%; Red: Greater than 50% Drop out rate by week 3 of treatment FY20 YTD 37%										
16	Recovery Houses	Occupancy Rate	Qtr.	Out of 28 beds available (6 recovery houses) in Recovery Houses, will maintain targeted occupancy	90%		78%			
Green: 90% or Higher; Yellow: 80% to 89%; Red: Less than 80% FY21 Q1: BH:42%; NM:54%; 8041: 87%; W:93%; M:86% TM:30% YTD : 62%										
16	Recovery Houses	Occupancy Rate	Qtr.	Out of 28 beds available (6 recovery houses) in Recovery Houses, will maintain targeted occupancy	90%	82%			87%	
Green: 90% or Higher; Yellow: 80% to 89%; Red: Less than 80% FY20 Q1: BH:97%; NM:79%; 8041: 76%; W:76%; M:25% Q2: BH:74%; NM:70%; 8041: 100%; W:54%; M:68% Q3: BH:70%; NM:96%; 8041: 97%; W:86%; M:66% Q4: BH:61%; NM:71%; 8041: 74%; W:49% YTD: 74%										
17	Program(s)	Description	Freq	Indicators (Details & Comments)	FY21 Target	1st Q	2nd Q	3rd Q	4th Q	FY 20 / 21
Program Evaluation / Outpatient										
17	Recovery Houses	Success Discharge	Semi-Annual	Clients will successfully transition into community meeting recovery plan goals	60%	X	54%	X		
Green: 60% or Higher; Yellow: 50% to 59%; Red: Less than 50% FY21 Q2: YTD:										
17	Recovery Houses	Success Discharge	Semi-Annual	Clients will successfully transition into community meeting recovery plan goals	60%	X		X		51%
Green: 60% or Higher; Yellow: 50% to 59%; Red: Less than 50% FY20 Q2: BH:1/1:100%; NM:0/1:0%; 8041:0/0:0%; W:1/3:33%; M:0/6:0% Q4: BH:3/3:100%; NM:2/3:67%; 8041:1/1:100%; W:1/2:50%; M:2/2:100%YTD: 5/8:28% YTD: 19/37 (51%)										
18	GC Jail Tx. Program	6 Month Follow-up	Qtr.	Reported Re-Arrests Post Treatment	20%* or lower	X	10%	X		
Green: 20% or Lower; Yellow: 21% to 30%; Red: Greater than 30% Q4: 9/31 (29%) FY20: July 2019 - June 2020										
18	GC Jail Tx. Program	6 Month Follow-up	Qtr.	Reported Re-Arrests Post Treatment	20%* or lower	X	11%	X	28%	20%
Green: 20% or Lower; Yellow: 21% to 30%; Red: Greater than 30% Q4: 8/69 (11%) FY19: July 2018 - June 2019 Q2:9/32 (28%) FY20: July 2019 - December 2019										
All Programs										
19	All Programs	Survey	Semi-Annual	Clients Satisfaction Overall	90%	X	95%	X		
Green: 90% or Higher; Yellow: 80% to 90%; Red: Less than 80% Q2: Semi-Annual:										
20	All Programs	Drug Screen Results	Semi-Annual	Clients' Negative Drug Screens	85%	87%	75%			87%
Green: 80% or Higher; Yellow: 70% to 80%; Red: Less than 70% Q1:628/719 (87%), FY21 YTD: 628/719 (87%)										
20	All Programs	Drug Screen Results	Semi-Annual	Clients' Negative Drug Screens	80%	87%	83%	81%		87%
Green: 80% or Higher; Yellow: 70% to 80%; Red: Less than 70% Q1: 837/961 (87%), Q2: 705/807 (87%), Q3: 616/718 (86%), Q4: 349/392 (89%) FY20 YTD: 2,507/2,876 (87%)										
21	Outpatient	Productivity Report	Qtr.	Staff Productivity (Billable Hours)	50%					
Green: 50% or Higher; Yellow: 45% to 49%; Red: Less than 45% Q1: 42%; Q2: 42% FY21 YTD: 42%										

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21	Outpatient	Productivity Report	Q4	Staff Productivity (Billable Hours)	50%	45%	46%
Green: 50% or Higher, Yellow: 45% to 49%, Red: Less than 45%							
Q1: 45%, Q2: 43%, Q3: 46%, Q4: 41% FY20 YTD: 45%							
Report Card Indicators' Notes							
#19: Clients rated overall satisfaction with services good to excellent in all programs							
#21: Number of FTE that stay divided by the number of FTE at start of period x 100							
OUTCOME KEY							
Green is achieving the target goal and indicates an acceptable or good performance							
Yellow is indicating a Heightened Administrative Watch of the Indicator							
Red indicates a Critical Outcome, an immediate Action Plan maybe warranted by the appropriate QI Committee or Administration.							

Lake-Geauga Recovery Centers, Inc.**CONTINUOUS QUALITY ASSURANCE/ IMPROVEMENT PROGRAM**

urpose: In order to fulfill Lake-Geauga Recovery Center's responsibility to its consumer/clients and their families, its staff, and to the communities it serves, the Board of Directors, the President, Chief Executive Officer (C.E.O.), and the staff have adopted and implemented the Quality Assurance/ Improvement Program described in this plan.

The Quality Assurance/ Improvement (QA/QI) Program is an essential means of assisting the organization in the continuous improvement of the quality of consumer/client care. The Quality Assurance/ Improvement (QA/QI) Program includes ongoing monitoring, evaluation and improvement of the consumer care provided in all aspects of the services, which the agency provides. The activities of the QA/QI Program are comprehensive and coordinated; additionally, the information obtained from this Program will be systematically confidentially reported and disseminated. Confidentiality of client records will be observed at all times by every participant in QI (Quality Improvement) activities.

The Board of Directors of the Lake-Geauga Recovery Centers has the ultimate authority over the Continuous Quality Improvement Program. In addition, the provisions and assurance of quality consumer/client care to the community is the primary responsibility of the President, Chief Executive Officer (C.E.O.) and the Board of Directors of the agency. Presently, the Lake-Geauga Recovery Centers, Inc. mission is, "To promote lifelong recovery from addiction through education, prevention, and treatment regardless of ability to pay".

Organization and Responsibilities: Participation in Quality Assurance/Improvement, in the broad sense, includes all staff, clients and trustees at all levels of the organization. Roles and responsibilities of key elements include:

1. Board of Directors/Trustees:
 - a. Receive quarterly Quality Assurance/Improvement reports via the Quality Assurance Committee
 - b. Annually review the Quality Assurance/Improvement Plan and makes recommended policy changes.
 - c. Annually approve the annual Service Plan, which include programs' goals and objectives
2. Quality Assurance Committee
 - a. Establishes quality of care monitors and indicators.
 - b. Receives monitoring reports (including Risk Management activities) through the Chief Operating Officer.
 - c. Evaluates data collected as a result of ongoing monitoring activity.
 - d. Reports Quality Assurance/Improvement related information to the Board.
 - e. Recommends policy changes to Board of Trustees.
 - f. Responsible for reporting quality assurance/improvement activities results and risk management activities (Risk Management Committee serves as HIPAA Privacy Committee) results to our Board of Trustees through monthly and quarterly board Quality Assurance Committee meetings, and accountable for coordinating corrective actions
3. President, Chief Executive Officer (C.E.O.)
 - a. Responsible for the coordination of all agency Quality Improvement activities.
 - b. Keeps Trustees apprised of Quality Assurance/Improvement related information.
 - c. Assures that funding sources receive quarterly & annual quality improvement reports
 - d. Assigns responsibility for corrective action steps.
4. Chief Operating Officer and Privacy Officer
 - a. Prepares monthly and quarterly Quality Assurance/Improvement Reports.
 - b. Assures that monitoring activity is occurring according to policies and procedures.
 - c. Collects and aggregates monitoring information related to aspects of care.
 - d. Organizes and conducts Planning / Evaluation meetings.
 - e. Serves as agency's HIPAA Privacy Officer, responsible for privacy procedures.
 - f. Recommends changes to policies and procedures to the Chief Executive Officer.
5. Program Staff
 - a. Participate in Planning and Evaluation Review meetings in their service area; address current functioning of the service component and make recommendations for program changes.
 - b. Recommend appropriate monitors and indicators to the Chief Operating Officer.
 - c. Participate in annual Employee Stakeholder Survey
6. Client / Consumer
 - a. Input and feedback is solicited from our consumers/clients and their referral sources involved in all of our services through various outcome measures, these findings are used to improve services.

Lake-Geauga Recovery Centers, Inc.

QUALITY ASSURANCE/IMPROVEMENT PROGRAM

QA/QI Program Goal: It is the goal of the Quality Assurance/ Improvement (QA/QI) Program to improve the quality of care for our clients/consumers and monitor and evaluate the effectiveness of agencies services in meeting the needs of our clients/consumers. The purpose of the monitoring and evaluation process as described in this plan is to collect and aggregate data about certain important aspects of care provided within the programs of the Center so that trends or patterns of care can be efficiently identified, deficiencies can be corrected, and opportunities to improve care can be acted upon.

Program Objectives: Fulfillment of the following program objectives is recognized to be a continuous process.

- 1) To assure the accessibility, availability, appropriateness and acceptability of services provided by the Lake-Geauga Recovery Centers.
- 2) To assure that the performance of all clinical staff of the agency meets recognized current standards of quality, through regular objective and systematic examination of various aspects of clients/consumer care.
- 3) To assure that services and resources of the agency are allocated and utilize in the most effective manner.
- 4) To identify service gaps or service delivery problems within the agency that may inhibit or prevent quality client/consumer care and to take appropriate action to remedy these problems.
- 5) To identify tools and methods that increase staff skill in integrating quality assurance data/activities into quality improvement practices/actions.
- 6) To improve supervisor skills, organizational processes within the agency by identifying and correcting non-compliance areas in the delivery of services and/or related clinical policies and procedures.

Confidentiality:

Confidentiality Statement (see form, attached), signed by client, dated, & witnessed by staff, will be a part of all client records at the Lake-Geauga Recovery Centers. This statement outlines applicable legislation and policies affecting the confidentiality of treatment records of the agency's clients/consumers. Confidentiality of client records will be observed at all times by every participant in QA/QI (Quality Improvement) activities.

The Quality Assurance/ Improvement (QA/QI) Program will maintain minutes, reports, data information, and worksheets necessary in accomplishing its goals in a manner ensuring strict confidentiality. Access to information will be limited to qualified, authorized individuals. The Board's QA Committee members will sign a confidentially agreement prior to their participation on the committee.

Conflict of Interest: for the purposes of QI activities, a staff member other than the direct service provider will review all cases.

Consumer Participation/Access: Persons served their families and or significant others will be included in client satisfaction activities, outcome studies and in planned focus group as needed.

Availability of Information: Upon written request, the quality assurance/improvement information will be made available to persons served, their families, the Lake County Alcohol, Drug Addiction and Mental Health Services Board, Geauga Board of Mental Health and Recovery Services, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and to the public.

Reporting and Information Dissemination: The President, Chief Executive Officer (C.E.O.), or the Chief Operating Officer will be responsible for coordination and reporting of QA/QI outcomes results and quarterly QA/QI report. The quarter report and year-end report findings will be distributed and communicated to the Quality Assurance Committee of our Board of Directors, staff and funding sources.

Connection with Service Evaluation Processes: Findings of the Quality Assurance/Quality Improvement activities will be used in coordination with service evaluation activities to help determine clinical and programming areas in need of improvement. In-service trainings will be provided on topics based in part on identification of these findings. Trainings are typically offered monthly and are open to the public on a limited basis. Approved trainings are posted on the Ohio Chemical Dependency Professionals Board's web site.

Lake-Geauga Recovery Centers, Inc.**QUALITY ASSURANCE/IMPROVEMENT PROGRAM****Services*:**

1. Outpatient Alcohol and Drug Addiction, Problem Gambling Services
 - a. Assessment
 - b. Individual Counseling
 - c. Group Counseling
 - d. Intensive Outpatient Program
 - e. Case Management
 - f. Referral and Information
2. Residential Treatment and Halfway House Treatment
3. Recovery Houses
4. Medical Somatic Services (ambulatory and medication assisted treatment)
5. Prevention
6. Mike Link Driver Intervention Program
7. Mental Health Services
 - a. Diagnostic Assessment Service
 - b. Counseling and Psychotherapy Service

*These services become the basis for identifying aspects of care to be monitored and evaluated. In order to assure that the agency is fulfilling its mission and meeting its responsibilities to its clients and the community, the Quality Assurance/Improvement Program is essential in order to assure the effectiveness and appropriateness of clinical services, record keeping and compliance with certification standards. Program activities/components of the Quality Assurance/Improvement Plan assist the agency in the continuous improvement in the quality of its services, and in identifying and resolving problems.

CONTINUOUS QUALITY IMPROVEMENT PLAN SFY 20-21
Components of Continuous Quality Improvement Plan

PURPOSE

The agency's quality assurance/improvement plan shall assess and evaluate the quality and appropriateness of services, shall identify gaps in service and shall promote opportunities to improve service delivery. To accomplish the goals and objectives of the Quality Assurance/Improvement (QA/QI) Program, the Agency's Quality Assurance Committee deal with specific areas of focus as outlined in the overall plan are established. The Quality Assurance Committee is empowered by the Board of Directors, to monitor and evaluate the quality and appropriateness of services, to provide continuous quality improvement and to resolve any identified problems and ultimately improve service delivery. The Chief Operating Officer is responsible for reporting, through Quarterly QA/QI and QA/QI Annual Report, the results of monitoring and outcome reports as indicated under the scope of the Quality Assurance/Improvement Plan to the agency's Quality Assurance Committee. The Committee will then review findings, makes any needed recommendations and report these findings/recommendations to the Board of Directors. A quarterly report and an annual report will be presented to the Board of Directors for their review and analysis of information and will be reflected in the Board minutes. After review by the Board, these reports will be communicated to appropriate individuals, departments and services within the agency, the Lake County Board of Alcohol and Drug Addiction and Mental Health Services, and the Geauga Board of Mental Health and Recovery Services. The President, Chief Executive Officer (C.E.O.), or the Chief Operating Officer will be responsible for the dissemination of these reports.

SCOPE OF CARE

Detailed in "Quality Assurance/Improvement Plan", areas for review shall include, but not be limited to, the following requirements: Completeness of Client Record Review, Peer Review, Utilization Review, Planning / Evaluation Review, client/consumer, employee and community satisfaction surveys, outcome and follow-up surveys, telehealth follow-up surveys, monitoring of quality indicators, coordination of quality activities with service evaluation activities.

Lake-Geauga Recovery Centers, Inc.

CONTINUOUS QUALITY IMPROVEMENT PLAN SFY 20-21

Components of Continuous Quality Improvement Plan

QUALITY ASSURANCE PROVISIONS FOR ADVANCED PRACTICE REGISTERED NURSE

CHART REVIEW: At least annually, a random selection of patient records will be made by APRN and Collaborating Physician (or the quality assurance committee of a health care facility or health care plan composed of at least one physician) for the purposes of reviewing the care outcomes of APRN patient referrals and patient charts.

REGULAR REVIEW OF PRESCRIPTIONS: A random selection of patient records will be made by APRN and Collaborating Physician (or the quality assurance committee of a health care facility or health care plan, which must include at least one physician) at least semi-annually for the purposes of reviewing the care outcomes of prescriptions written by APRN. Such random samples shall be representative of Schedule II controlled substances prescribed by the APRN.

COMPLETENESS OF CLIENT/CONSUMER RECORD REVIEW:

Purpose: The purpose of this review is to ensure that pertinent, timely, appropriate and legible information is contained in client records.

Procedures: Secretaries at each program site will complete "Completeness of Client Records" list each quarter, noting all files, which were reviewed. They will initiate a review checklist for a random sample of files opened, files discharged, and other open files. Files are to be chosen at random, with no less than 10 in each category for outpatient and 2 in each category for residential treatment (or 10% of files in each, whichever is less). All mental health services' consumer files will be reviewed at least once, with at least one closed file at each review (if there are any closed files). The checklist is to note, on the line provided, any corrections, which need to be made (including missing signatures, dates, etc.). If the file is correct, a check mark will be placed over the corresponding number on the checklist form. Files with deficiencies noted will be given to service providers for correction no later than the 20th of each month. A copy of deficient files will be given to the supervisor. Corrections are to be made within 7 working days and returned to staff's supervisor. Supervisors will then collect corrections, if needed, note "corrected" on the list of files reviewed, and turn over complete package to the Chief Operating Officer by the required date each month. It is the responsibility of the Outpatient Program Managers, Residential Treatment Supervisor, and Residential Treatment Manager to see that deficiencies have been corrected as noted.

PEER REVIEW

Purpose: To ensure that high quality of client/consumer care is provided through clinical pertinence and appropriateness of services delivered.

Procedures: Peer Review form lists the client/consumer identification number, the signature of the reviewer, and the date the chart was reviewed. The form specifies each item to be reviewed and deficiencies are clearly marked. Clinicians are prohibited from reviewing any of their own cases. A committee consisting of clinical staff and Chief Operating Officer will meet monthly. Alcohol and Other Drug Treatment clients' cases will be chosen either at random, or for clinical reasons of interest to the counselor or others for learning experience. Cases will be selected from no less than 6 different program areas. Mental Health consumer's cases are selected from open and closed cases, at least one from closed and open case each review, or at least 10% of the agency open and closed mental health cases will be selected for review. The committee will then review each receiving alcohol and other drug treatment cases along several dimensions:

- review of assessment and relationship to treatment plans
- appropriateness of service provided
- appropriateness of termination of services, if applicable
- appropriateness of referrals to other programs
- to ascertain providers are delivering services as authorized by the governing authority.
- appropriateness of level of care as determined by Level of Care Protocols.

The Peer Review committee will assess quality and appropriateness of clients involved in mental health services in the following areas :

- assessments
- treatment plan and treatment reviews; progress notes
- relationship of assessment to the treatment goals
- relationship of services to goals and objectives on the treatment plan
- frequency of service
- demonstration of progress
- termination of services; referrals
- service providers are providing only authorized services

Lake-Geauga Recovery Centers, Inc.**CONTINUOUS QUALITY IMPROVEMENT PLAN SFY 20-21****Components of Continuous Quality Improvement Plan**

All reviewed cases will have a Peer Review form completed and signed by a staff other than service provider. No service provider can review his/her own client record for this review. The service provider, or appropriate counselor so indicated on the review form, must present corrected files for which deficiencies were found to Supervisor within seven working days of such meeting. A listing of files reviewed, staff in attendance, and all Peer Review forms will be kept on site. For learning purposes, a general list of findings and deficiencies will be provided to clinical staff on a regular basis for their review. Information on Peer Review meetings will be presented to Quality Assurance Committee of the Board of Directors on a quarterly basis.

ANNUAL INDEPENDENT PEER REVIEW

ODMHAS was notified from SAMHSA that starting in FY 15 those agencies that receives SAPT (Substance Abuse and Prevention Treatment) block grant funding; SAMHSA recognizes providers that are accredited by national independent accreditation organizations and does not require them to undo independent peer review. Lake-Geauga Recovery Centers has met the high level of excellence required for a national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF).

UTILIZATION REVIEW

Purpose: To ensure that high quality client care is provided through the effective and efficient utilization of programs, resources, and services.

Procedures: The Utilization Review form lists the client/consumer identification number, the signature of the reviewer, and the date the chart was reviewed. The form specifies each item to be reviewed and deficiencies are clearly marked. Alcohol and other drug treatment clients' cases will be selected and prepared for presentation by each counselor, as directed by the supervisor at the weekly Utilization Review meeting. Mental Health Services' consumers cases will be reviewed at least monthly (all cases will be reviewed at least once in Utilization Review).

Clinical staff reviewing clients' cases receiving alcohol and other drug treatment will review these cases according to several dimensions:

- appropriateness of client's admission to program (utilization Level of Care protocol).
- appropriateness of continued treatment and/or receipt of program's services (utilization of Level of Care protocol).
- review of waiting lists (if any) to ensure individuals eventually admitted to receive services or referred to another program for services
- review of trends/patterns of use of services. These are analyzed and reviewed on the agency's quarterly QA/QI Report. In addition, this is completed at our semi-annual Planning & Evaluation meetings. An annual review of total units of service delivered by type of service will be done.

Clinical staff reviewing clients' cases receiving mental health services will review these cases according to several dimensions:

- Review of a sample of new admissions to each service to determine if admission criteria were met.
- Review of a representative sample of the Individual Client Record ("ICRs") in each service provided by the agency according to length of stay and discharge criteria as well as "ICRs" of persons who have exceeded average length of stay and frequency of service. Samples of "ICRs" of persons currently receiving services and persons for whom services have been terminated shall be reviewed to determine if appropriate utilization of services have occurred. Review of trends and patterns of service use, highlighting gaps in the service delivery system.
- Review of all cases of persons served by the agency who were involuntary terminated from a service or from the agency.
- Review a sample of "ICRs" to assure that assessment; treatment and termination of services are coordinated in a comprehensive and congruent manner.
- Review a sample of "ICRs" to assure that physician and other types of consultation are available in sufficient quantity and quality according to recommendations within assessments and the individualized service plan.
- On going monitoring and periodic assessment of client waiting lists that shall include an evaluation by payer source.
- Periodic review of referrals to other agencies or related service organizations to include sample surveys of persons served and the referral agency or related service organization.
- Special emphasis shall be placed on the review of continuity of services regarding the numbers and characteristics of persons who are discharged from a psychiatric inpatient hospital and who do not receive necessary services within two weeks a request for such services.
- Review of a sample of specific minority populations served by the agency. The review may include areas related to service delivery, satisfaction surveys, and accessibility to persons served.
- To review a sample of inactive cases.

Files with deficiencies noted must be corrected by service provider and presented to supervisor within seven working days of such a meeting. Reports of the above meetings will be kept and presented to the Quality Assurance Committee of the Board of Directors at least quarterly.

Lake-Geauga Recovery Centers, Inc.**CONTINUOUS QUALITY IMPROVEMENT PLAN SFY 20-21****Components of Continuous Quality Improvement Plan****MONITORING OF QUALITY INDICATORS**

Purpose: The clinical staff of each program service identifies important aspects of care. The programs' services offered by Lake-Geauga Recovery Centers include:

1. Outpatient Alcohol and Drug Addiction Services (Assessment; Individual Counseling; Group Counseling; Intensive Outpatient Program; Case management; Referral and Information)
2. Residential Treatment and Halfway House Treatment
3. Recovery Houses
4. Medical Somatic Services (ambulatory and medicated assisted treatment)
5. Prevention
6. Mike Link Driver Intervention Program
7. Mental Health Services (Diagnostic Assessment Service; Counseling and Psychotherapy Service)

The scope of services and activities stated above are the basis for identifying aspects of care to be monitored and evaluated. Those aspects of care related to high volume, those known to be problematic and those offered to persons with multiple needs might be given special attention. Attention may also be given to aspects of care related to ethnic or minority populations, or to those specific department or services that need special emphasis. Indicators of quality shall be assigned to each identified aspect of care. These Quality Indicators shall be identified by all program supervisors, or Chief Operating Officer before the beginning of each fiscal year and shall be approved by the Quality Assurance Committee.

Frequency and Methodology: The indicators will be well-defined, measurable characteristics related to the structure, process or outcome of service delivery to help identify potential problems or areas of improvement. Thresholds for evaluation will be established that indicate points at which a more intensive or focused evaluation is required. These thresholds shall be established annually and will be based on either previous quality monitoring or based on outcomes.

Review Procedure: The program supervisor, or Chief Operating Officer will be responsible for monitoring the quality indicators of their programs. For programs with caseloads of 20 or less, all cases or employee records shall be utilized to check quality indicators. Any change in these criteria for sampling shall consider the number of persons served by the agency, the number of clinical staff to be reviewed, and the population served by the agency. The results of the Quality Indicators will be evaluated against its threshold on a monthly basis, or quarterly if the total sample number is too small.

Recommendations of the Committee: Quality Indicator Worksheets and Quality Indicator Monthly Reports are to be completed by the program supervisors or Chief Operating Officer and submitted to the Quality Assurance Committee on a monthly basis. A random selection of case records from the worksheets may be checked by the Quality Assurance Committee for accuracy or problem areas. The Quality Assurance Committee will also monitor threshold levels. When problems are identified, either with threshold levels or with the indicators, the Quality Assurance Committee will recommend action, assign responsibility for this action, and request a report to the committee on the action taken.

FOCUS GROUPS

Focus groups will be conducted periodically as needed with persons served by this agency and their families. These focus groups shall relate to specific aspects of care. Summary statements of these focus groups will be presented to the Quality Assurance Committee. Specific focus groups of reviews may be conducted at other times when specific problem areas are identified. Reports of these special focus groups or reviews shall be submitted to the Quality Assurance Committee.

PLANNING & EVALUATION REVIEW (P&E)

Purpose: to discuss current status and operations of all program services and plan for future directions and operations. This review shall deal with current functioning of the service component and will make recommendations for programmatic modifications.

Procedure: The Chief Operating Officer shall ensure that review meetings are scheduled at least twice a year for outpatient, residential, prevention and driver intervention programs.

- The review shall be four to eight hours in length. All clinical and direct service staff, and supervisors are required to attend; support staff may be invited as well.
- Areas of focus may include any issues that affect quality of client care or service delivery. These may include: accessibility and barriers to service, identified service gaps, analysis of performance target outcomes, timeliness of care, length of treatment; appropriateness of program services; admission and discharge policies; responsiveness of the agency to client needs; evaluation of current programming; isolation of problem areas; plans of action.
- Minutes of such meeting will be kept by the Chief Operating Officer, distributed to participating staff and Executive Director, for review by Quality Assurance Committee of the Board of Trustees. The Quality Assurance Committee shall take necessary and appropriate action to implement policies as suggested by the Quarterly Review report. The Chief Operating Officer will include report of review activities in monthly and quarterly reports to President, Chief Executive Officer (C.E.O.) for the purpose of reporting quarterly QA/QI activities to local ADAMHS Boards.

Lake-Geauga Recovery Centers, Inc.

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WAITING LIST POLICY AND PROCEDURES:

Purpose: To facilitate client's access to services and provide a means to prioritize admissions when program services are at capacity.

Procedure: Waiting lists are maintained at all program sites for clients in need of services. These lists are reviewed weekly per our QA/QI Utilization Review process. In the event of a waiting list, admissions will be prioritized based on severity of needs, pregnancy, IV drug use, and Lake and Geauga County residents. We make our local Alcohol and Drug Addiction and Mental Health Services Boards aware in writing within 7 days if any of our services have reached 90% capacity. The Boards are aware that our residential treatment programs (Lake and Oak House) have maintained 90% capacity for many years.

We often have daily or no less than weekly, contact with clients on our waiting list which is coordinated by the Residential Treatment Manager or Clinical Supervisor. When appropriate, clients may be engaged in other program services such as individual counseling or other outpatient services while on the waiting list. The client and referral source(s) are made aware of our admission criteria, and notified of the potential client status on our waiting list. Clients are removed from the waiting list if:

- a. client or referral source discontinues contact with the Residential Treatment Manager or designee
- b. are assessed as not meeting the program's admission criteria
- c. enters another treatment service at our agency or another agency
- d. requests removal from waiting list

Our waiting lists track: residents' counties, referrals made, date of first client call and outcome date, and the reason that clients are waiting for a bed. The waiting list policy takes into account, the time waiting for services, appropriate referrals, and priority for pregnant clients, and severity of need for services.

On occasion we have had to initiate a waiting list at our outpatient offices. We have been able to schedule appointments for clients as soon as possible and at the clients' convenience. If the need should arise for a waiting list in outpatient treatment this procedure would go into effect immediately. We report on status and effectiveness of our waiting lists quarterly as part of our Quality Assurance/ Quality Improvement Reporting.

GRIEVANCE POLICIES & PROCEDURES:

Purpose: To provide a mechanism for clients to file complaint or grievance concerning services and a means for our agency to address any complaint or grievance.

Procedure: As part of our services intake process each client is given and explained our Client Rights and Grievance Policies and Procedures. In addition, each client with a complaint/grievance receives a Client Grievance Form to complete and is given assistance per policy by our Client Rights Officer (CRO). The Client Rights Officer (CRO) will keep a complete record of all grievances for at least two years and make such records available to OhioMHAS and the appropriate ADAMHS Boards. A summary of grievances shall be made annually (or sooner as requested) by the CRO to appropriate credentialing and/or funding Boards.

RISK MANAGEMENT:

Purpose: Each program follows the agency Health & Safety Plan that is evaluated and reviewed annually by the Board of Directors. The plan purpose is to provide programs with a planned means of safeguarding potential risks in terms of hazardous working conditions, fire and safety conditions, major and unusual incidents and financial risk.

Procedure: The program's staff will follow the policies and procedures as described in the agency's risk management plan. The scope and content of the agency's risk management activities include, at the minimum the following: a) A policy to safeguard against potential hazardous working conditions for staff, clients and visitors to the program, including physical plant conditions and fire safety considerations; b) A policy and procedure to assure adherence to HIPAA regulations as they relate to the privacy and security of the agency's protected health information ; c) routine risk management activities to include the following: 1) reporting, reviewing and monitoring of all major and unusual incidents such as death or serious injury to a client or staff, alleged abuse/neglect, suicide or attempted suicide or significant disruption in services; 2) reporting, reviewing and monitoring of significant financial loss to the program; 3) on going communications between Chief Operating Officer and designated Safety Officer (who is responsible for implementing and coordinating risk management activities); 4) reporting risk management activity results to our Board of Directors through quarterly Quality Assurance Committee meetings; 4) an emergency medical plan posted in an area accessible to staff at all times.

Lake-Geauga Recovery Centers, Inc.

CONTINUOUS QUALITY IMPROVEMENT PLAN SFY 2020-21

Components of Continuous Quality Improvement Plan

PRE- AND POST-EVALUATIONS: RESIDENTIAL TREATMENT and PREVENTION SERVICES

Purpose: To evaluate the effectiveness of our residential treatment services and prevention services. To measure the degree to which our program services contributes to achieving residents' treatment goals or prevention activity objectives.

Procedures:

- For residential treatment, the residential treatment counselors will assure that each resident will complete the Pre Treatment Evaluation within 72 hours of admission, and the Post-Treatment evaluation on the day of discharge.
- The residential treatment counselors will provide completed Pre and Post Treatment Evaluations to the Residential Treatment Manager at the time of resident's discharge. The Residential Treatment Manager will provide these completed Pre and Post tests to the Chief Operating Officer on a quarterly basis.
- For prevention services, prevention specialists and/or supervisor will ensure the completion of pre and post tests by all participants in prevention activities as appropriate.
- Prevention specialists will provide completed Pre and Post tests to the Prevention Supervisor who will aggregate results and provide findings to Chief Operating Officer on a quarterly basis.
- The Chief Operating Officer will report the results of the prevention participants and residents' Pre and Post Evaluations in quarterly QI Reports to the President, Chief Executive Officer (C.E.O.), for Quality Assurance Committee review.
- Results of pre and post tests are shared with staff semi-annually at the Planning & Evaluation Review (P&E) meetings. The P&E meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications. Residential Treatment Manager and Prevention Supervisor shall be responsible for the development and implementation of an action plan to address needs identified in their specific service category.

CONSUMER SATISFACTION SURVEYS:

Purpose: To assure client's satisfaction with services rendered and to solicit feedback for improvement of services.

Procedure:

- For outpatient services, all clients receiving services during one week of each month will be given satisfaction survey to complete. For residential treatment and the Mike Link Driver Intervention Program, (MLDIP) each client/participant will receive a survey to complete at the time of discharge, or program completion. For prevention services, participants will receive a survey to complete, as appropriate, at the completion of the prevention service or activity.
- Monthly, data gathered from outpatient, residential and MLDIP consumers/participants will be input into Agency PC system by the Administrative Assistant or support staff for analysis by the Chief Operating Officer. Data gathered from prevention consumers and MLDIP will be aggregated by Prevention Supervisor and provided to Chief Operating Officer quarterly for analysis.
- Chief Operating Officer will include a summary of results and recommendations in quarterly QA reports to President, Chief Executive Officer (C.E.O.) and funding sources.
- At least three times per year, Chief Operating Officer or President, Chief Executive Officer (C.E.O.) will review findings with Quality Assurance Committee of the Board of Directors.
- Results of consumer satisfaction surveys are shared with staff semi-annually at the Planning & Evaluation Review (P&E) meetings. The P&E meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications. Residential Treatment Manager, Outpatient Program Manager, and Prevention Supervisor shall be responsible for the development and implementation of an action plan to address barriers, gaps and needs identified from the survey's findings in their respective service categories.

EMPLOYEE STAKEHOLDER FEEDBACK SURVEY:

Purpose: To solicit, collect and analyze employee input in order to identify the needs and preferences of the employees.

Information will be incorporated into agency business practices to be used for continuous quality improvement.

Procedure:

- The Executive Assistant and Chief Operating Officer will assure that all employees receive a survey instrument annually. This will be distributed with employee's regular paycheck, along with a postage -paid return envelope.
- Individual surveys will be mailed to an outside entity for analysis and to aggregate results and to prepare a written report and summary of findings.
- Results will be shared with agency staff at the Planning & Evaluation Review meeting annually.
- The management team will prioritize findings which will then be incorporated into other areas of agency business practice including strategic planning, financial planning, and program planning and performance improvement.

Lake-Geauga Recovery Centers, Inc.

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ACCESSIBILITY SURVEYS:

Purpose: Accessibility to services and operations is a key factor in optimizing the benefit of prevention and treatment for persons served. Lake-Geauga Recovery Centers is dedicated to taking all appropriate steps to remove architectural, attitudinal, employment and other barriers that challenge persons served as well as personnel. A variety of factors including but not limited to, physical plant, communications, community involvement, advocacy efforts, and diversity of staff, provider networks and available funds may influence levels of accessibility. Ultimately, the goal of accessibility is to make the organization culture and environment welcoming and safe.

Procedure:

- The Chief Operating Officer will assure that accessibility surveys are distributed to stakeholders (clients, consumers, board members, staff and funding sources) annually.
- Results will be aggregated by the Chief Operating Officer and utilized in the development of the Accessibility Plan.
- The management team will prioritize findings which will then be incorporated into other areas of agency business practice including strategic planning, financial planning, and program planning and performance improvement.

COMMUNITY SURVEYS:

Purpose: To ascertain whether Agency services (outpatient treatment, residential treatment, prevention, Mike Link Driver Intervention Program), referrals, and follow-ups are performed in a manner satisfactory to community consumer agencies and referral sources.

Procedure:

- At least annually, the Chief Operating Officer will assure that all community resources are mailed a survey instrument and postage-paid return envelope.
- The Chief Operating Officer will work with the Executive Assistant or Administrative Assistant to tally results and write a report of findings for the President, Chief Executive Officer (C.E.O.). Report will also be made annually to funding sources (in annual QA report) and to the Quality Assurance Committee.
- Results of the annual community survey are shared with staff annually at Planning & Evaluation Review (P&E) meeting. The Planning & Evaluation Review (P&E) meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications based on the findings from these surveys.

TELEHEALTH FOLLOW-UP SURVEYS:

Purpose: To evaluate quality of telehealth service delivery as well as to ensure that high quality of client/consumer care continues to be provided. The purpose of this review is to also ensure that pertinent, timely, appropriate and legible information is contained in client records to accurately reflect the telehealth service.

Procedures:

- Quality Risk Coordinator/Chief Operating Officer to randomly select two clients per counselor to contact.
- Client electronic system of documentation will be checked to make sure sign off permission occurred for contact purposes.
- Quality Risk Coordinator will contact clients via phone call. Clients will be asked the survey questions to gauge audio and visual quality of the appointment, date, time and length of appointment; confirmation of education on the risks and benefits of telehealth service; overall satisfaction/benefit rating of the service.
- Two attempts will be made to reach each client. If a client is not able to be reached within a week timeframe, a new client for that counselor will be selected to contact.
- This information will be used for Quality Assurance purposes with the clients remaining anonymous in reporting.
- Completed questionnaires will be forwarded to the Chief Operating Officer quarterly; he/she will aggregate results and provide summary report to the President, Chief Executive Officer (C.E.O.), funding sources (as needed) and Quality Assurance Committee quarterly. Results will also be discussed with staff at the Planning & Evaluation Review (P&E) meeting. Counselors with patterns of reported areas to improve upon will be informed during supervision.

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RESIDENTIAL TREATMENT FOLLOW-UP REPORTS:

Purpose: To evaluate continuing effects of treatment on clients after discharge.

Procedures:

- The Residential Treatment Manager will assign appropriate staff (preferably counselors) to complete follow-up surveys for all residents at 3, 6 and 12-month intervals following discharge.
- Attempts will be made to contact the former resident first, by phone or in person, unless other arrangements for contact with collateral (with appropriate releases of information) are made.
- Staff making the contact will complete "Residential Treatment Follow-up Questionnaire" for each contact.
- Completed questionnaires will be forwarded to the Chief Operating Officer quarterly; he/she will aggregate results and provide summary report to the President, Chief Executive Officer (C.E.O.), funding sources and Quality Assurance Committee quarterly.

RECOVERY HOUSES' OUTCOME REPORTING

Purpose: To evaluate effectiveness of recovery environment in supporting persons' recovery goals

Procedures:

- Recovery House Manager will report on the tenants' progress on established recovery plan's goals on quarterly basis
- Outcome statistics reported quarterly on occupancy rate, length of continued sobriety in recovery houses.

INTENSIVE OUTPATIENT TREATMENT FOLLOW-UP REPORTS

Purpose: To evaluate continuing effects of treatment on clients after discharge.

Procedures:

- Appropriate staff will be assigned by Chief Operating Officer to complete follow-up surveys for all clients admitted to Intensive Outpatient Treatment one month following discharge.
- Attempts will be made to contact the former clients, by phone or in person, unless other arrangements for contact with collateral (with appropriate releases of information) are made.
- Staff making the contact will complete "Outpatient Treatment Follow-up Questionnaire" for each contact.
- Completed questionnaires will be forwarded to the Chief Operating Officer quarterly; he/she will aggregate results and provide summary report to the President, Chief Executive Officer (C.E.O.), funding sources and Quality Assurance Committee quarterly.

TREATMENT PLAN / INDIVIDUALIZED SERVICE PLAN GOALS ATTAINMENT REPORTS

Purpose: to evaluate the program's effectiveness in achieving clients'/consumers' treatment plans goals.

Procedures:

- Will track reasons for completion of program services through our CATT, Procomp's Management Information System (MIS) software program's enrollment file database, tracking clients'/consumers' that: successfully met, partially met, or did not meet treatment plan's goals.
- All counselors will enroll their clients/consumers in program services through our CATT, Procomp's MIS system, and indicate when clients/consumers complete services the level of their completion.
- The Chief Operating Officer includes a summary of results and recommendations in quarterly QA reports to the President, Chief Executive Officer (C.E.O.) and funding sources.
- Results are shared with staff semi-annually at Planning & Evaluation Review (P&E) meeting. The Planning & Evaluation Review (P&E) meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications.

PERFORMANCE TARGET OUTCOMES

Purpose: to evaluate customers' ability to achieve established milestones and meet performance target and program goals.

Procedures:

- Management, Quality Assurance Committee, and program staff will develop a performance target outline annually for the prevention, outpatient and residential treatment programs.
- The Chief Operating Officer will report the performance target outcome results quarterly to the agency's Quality Assurance Committee, Lake County Board of Alcohol, Drug Addiction & Mental Health Services, the Geauga Community Board of Mental Health and Recovery Services, and to the Ohio Department of Mental Health and Addiction Services (OhioMHAS).
- The Chief Operating Officer will oversee and coordinate the facilitation of quarterly Results and Learning meeting with program staff to review the results of tracking clients' achievement of milestones/performance target and make programmatic and milestones adjustments to improve service outcomes.

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THE MIKE LINK DRIVER INTERVENTION PROGRAM SIX MONTH FOLLOW-UP SURVEY

Purpose: To evaluate the effectiveness of the Driver Intervention Program as measured by client self-reporting of gaining insight, increased knowledge, and utilizing healthy decision making skills as a result of their participation in the Driver Intervention Program.

Procedures:

- Clients will be mailed a follow-up survey 6 months following their completion of the Driver Intervention Program. Surveys will be submitted to the Prevention Supervisor to analyze and aggregate results.
- Results will be submitted to the Chief Operating Officer.
- The Chief Operating Officer will submit to the Quality Assurance Committee for quarterly review.
- Results are shared with staff semi-annually at Planning & Evaluation Review (P&E) meeting. The Planning & Evaluation Review (P&E) meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications.

THE MIKE LINK DRIVER INTERVENTION PROGRAM PRE- AND POST-TEST

Purpose: To evaluate the program's effectiveness in increasing the participants' knowledge, awareness, and insight of the harmful effects of substance abuse.

Procedures:

- The program manager will assure each participant will complete a Pre Test within the first 8 hours of admission, and the Post-Test on the day of program completion.
- The Program Manager will submit completed tests to the Prevention Supervisor to analyze and aggregate results.
- Results will be submitted to the Chief Operating Officer on a quarterly basis.
- The Chief Operating Officer will submit to the Quality Assurance Committee for quarterly review.
- Results are shared with staff semi-annually at Planning & Evaluation Review (P&E) meeting. The Planning & Evaluation Review (P&E) meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications.

ANNUAL PROGRAM GOALS AND OBJECTIVES

Purpose: To identify yearly program and services goals with measurable objectives that are based on outcome measures, utilization rates, and established performance measures.

Procedures:

- Administration and program staff will develop yearly program goals and objectives for all services based on staff, clients and referral sources input. Each year we submit these annual program goals (outpatient, prevention, residential treatment, and driver intervention program) to the Lake County Board of Alcohol, Drug Addiction & Mental Health Services and to the Geauga Community Board of Mental Health and Recovery Services. These annual program goals and objectives are submitted to these Boards as required outcome indicators, and as part of request for proposal of service contracts.
- The Board of Directors will approve these annual program goal and objectives.
- The Chief Operating Officer will include a summary of results and recommendations in quarterly QA reports to the President, Chief Executive Officer (C.E.O.) and funding sources.
- Results are shared with staff annually at Planning & Evaluation Review (P&E) meeting. The Planning & Evaluation Review (P&E) meeting shall deal with current functioning of the service component and will make recommendations for programmatic modifications.



Appendix X:

Outpatient/ Residential Program Description

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

Lake-Geauga Recovery Centers' services are provided in accordance with the Ohio Department of Mental Health and Drug Addiction Services' standards, for Diagnostic Assessment, Counseling and Psychotherapy services and the Commission on Accreditation of Rehabilitation Facilities' standards for outpatient and prevention services. All counselors will practice according to their areas of expertise and specialization, within their scope of practice and with appropriate professional certification.

Treatment is abstinence-based: clients agree to stop use of alcohol and other mind- or mood-altering chemicals (except for medications prescribed by physicians and disclosed to the counselor) while engaged in services.

ASSESSMENT / Diagnostic Evaluation*

PURPOSE: To ascertain the nature and extent of a client's abuse, misuse, and/or addiction to alcohol and/or other drugs and identifying an individual's emotional, behavioral, cognitive, social and physical condition that may meet the criteria for a co-disorder mental health diagnosis. To assist family members and/or significant others in discerning the extent to which another's drinking or drug use, abuse, or addiction has affected their lives. In addition, counselors trained in gambling treatment will assess client to determine the extent of their problem gambling. All clients are screened upon admission using brief gambling screen and then if needed the South Oaks Gambling Screen (SOGS) to determine if clients have a gambling problems.

FOR WHOM: All adult clients new or returning to the agency seeking treatment services.

CONTENT: Information gathered and explored by the counselor and person or persons seeking help. A treatment recommendation made, or referral made for needed services not available at the Lake-Geauga Recovery Centers. Usually the treatment recommendation is followed by a treatment contract utilizing present outpatient services.

* Clients will be screened upon intake/admission in our Mentor, Painesville or Chardon outpatient programs to determine if the clients should be assessed for a co-disorder diagnosis of *substance use disorders* and mental health. Licensed and credentialed counselors will perform diagnostic assessments for these clients. In addition, during the course of the *diagnostic evaluation / assessment* process, clients may be referred to a licensed and credentialed counselor to perform a diagnostic assessment, to rule out a co-disorder.

MEDIUM: 50 minute sessions utilizing clinical information-gathering tools. The assessment should be completed by the 2nd assessment appointment or within 14 days.

ADDITIONAL INFORMATION: A certified counselor conducts an initial intake session to gather pertinent information and assign the client to the most appropriate counselor, who will then continue to see the client individually until a thorough assessment of the client's needs is complete and treatment recommendations can be made.

LOCATION: Mentor, Painesville and Chardon

CRISIS INTERVENTION

PURPOSE: Every effort will be made to provide or assist the person(s) in obtaining those services necessary to stabilize the drug/alcohol crisis or emergency situation.

FOR WHOM: Adults suffering acute problems with alcohol or other drugs, their family members and/or friends.

MEDIUM: Face-to-face session with counselor or other staff trained in appropriate emergency procedures; may include referral to other appropriate health-care providers (emergency squad, hospital, mental health center).

LOCATION: Mentor, Painesville and Chardon

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

INDIVIDUAL COUNSELING / Psychotherapy *

PURPOSE: To assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems, mental health problems, gambling problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug-related, mental health and/or gambling problems.

* Licensed and credentialed counselors will provide mental health and *substance use disorders* counseling services including individual counseling (*and including when properly trained, on-line video counseling*) to clients that have co-morbidity disorders, working with these clients to develop treatment interventions to address assessed needs.

FOR WHOM: Adults who have completed assessment and whose treatment plans indicate the need for individual counseling services to address their problems.

CONTENT: Counselors will work with the client to address individual needs as outlined in the treatment plan.

MEDIUM: 50-minute individual sessions employing a variety of counseling skills as appropriate to individual need and counselor expertise.

LOCATION: Mentor, Painesville and Chardon

GROUP COUNSELING*

PURPOSE: To assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug-related problems.

* Licensed and credentialed counselors will provide mental health and *substance use disorders* counseling services including group counseling (*and including when properly trained, on-line video counseling, no more than 6 clients*) to clients that have co-morbidity disorders, working with these clients to develop treatment interventions to address assessed needs.

FOR WHOM: Adults who have completed assessment and whose treatment plans indicate the need for group services to remain abstinent and develop a recovering life-style.

CONTENT: Counselors will work with the clients utilizing various interpersonal and didactic materials and techniques toward building recovery. (See group descriptions that follow for details).

MEDIUM: Varies according to the group. See the following descriptions for details

LOCATION: Mentor, Painesville and Chardon

FAMILY AWARENESS GROUP

PURPOSE: An education and awareness of the disease concept of substance use disorders, how co-dependents are affected, choices and alternatives to cope with the disease.

FOR WHOM: Adult family members, friends, or others affected by someone's harmful use of alcohol or other drugs.

CONTENT: Exploring substance use disorders dependency as a disease, codependency as a disease; progression, feelings, defenses, adult children of alcoholics, family member roles.

MEDIUM: Films, lectures, discussion

ADDITIONAL INFORMATION: Open group; may meet either once or twice weekly, two hours per session. Families Anonymous, a 12 Step recovery program, will be recommended for those clients who have completed Family Awareness Group and wish to continue their personal growth in recovery.

LOCATION: Mentor and Chardon

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

AFTERCARE GROUP

PURPOSE: To assist clients in building a foundation of quality sobriety through AA/ NA meeting attendance, sponsor, home group, and addressing on-going individual client concerns and problem areas. Group will assist clients with acquiring and building more skills in areas of relapse prevention, and addressing daily living issues in early recovery.

FOR WHOM: Adults who have complete primary treatment and are committed to abstinence and recovery.

CONTENT: Group members report on the basic issues of abstinence, 12-step meeting attendance and concepts, and how their lives are progressing in recovery, with an emphasis on relapse prevention. The group members express their feelings about what is going on in their lives today, particularly what might threaten their sobriety.

MEDIUM: Group interaction facilitated by counselor.

ADDITIONAL INFORMATION: Self-help meeting attendance is required. Groups meet for two hours, once weekly; there are several times available to accommodate client need.

LOCATION: Mentor, Painesville and Chardon

RESIDENTIAL AFTERCARE GROUP

PURPOSE: To assist residential and halfway house clients in building a foundation of quality sobriety through AA/ NA meeting attendance, sponsor, home group, and addressing on-going individual client concerns and problem areas. Group will assist clients with acquiring and building more skills in areas of relapse prevention, and addressing daily living issues in early recovery.

FOR WHOM: Adults who have completed primary residential and/or halfway treatment and are committed to abstinence and recovery.

CONTENT: Clients discuss basic issues of abstinence, 12-step meeting attendance and concepts, summary of how their lives are progressing in recovery, with a focus on relapse prevention. The group members express their feelings about what is going on in their lives today, particularly what might threaten their sobriety.

MEDIUM: Group interaction facilitated by residential treatment counselor at either Lake or Oak House.

ADDITIONAL INFORMATION: Self-help meeting attendance is required. Groups meet for two hours, once weekly; clients will be provided individual counseling, case-management and family services as requested and indicated.

LOCATION: Lake or Oak House

ALTERNATIVES GROUP

PURPOSE: To increase knowledge and awareness of the disease concept and the process of abuse and addiction. Clients will gain insight as to the negative impact of substance use in their lives as well as the lives of others, and will promote readiness for change to healthier lifestyle choices. This group gives an in-depth look at the recovery process, introduction to Twelve Step programs and assists clients in constructing a recovery program to help maintain abstinence.

FOR WHOM: For clients who meet the DSMV criteria for early substance dependence (as indicated by meeting 3 out of 7 criteria), and who have minimal insight into the consequences of their use, minimal knowledge of the disease concept and the process of recovery. The typical client may have already received services at a less restrictive level of care, yet is not appropriate for a more intensive level of care which is characterized by moderate to severe dependence diagnosis.

CONTENT: Information about substance use disorders and recovery with special emphasis on the Disease Concept and building a foundation for recovery.

MEDIUM: Videos, lectures, written exercises, discussion, and self-examination.

ADDITIONAL INFORMATION: Meets once weekly, three-hour session.

LOCATION: Mentor, Painesville and Chardon

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

INTENSIVE OUTPATIENT TREATMENT * Licensed and credentialed counselors will provide mental health and *substance use disorders* counseling services including intensive outpatient group counseling to clients that have co-morbidity disorders, working with these clients to develop treatment interventions to address assessed needs.

PURPOSE: To provide for clients an outpatient alternative to primary inpatient treatment, so that clients can continue to meet the daily living needs for them and their families while developing a clean & sober foundation in recovery. To assist clients in becoming aware of their self-destructive behaviors resulting from their substance use, gain knowledge as to the pervasive nature of the disease, and to increase client's readiness to change and adopt an abstinent lifestyle.

FOR WHOM: Adult men & women who are medically stable but have been assessed as in need of aggressive treatment and intervention for their disease of addiction and are motivated for recovery with available social supports. Such clients would generally be diagnosed as moderately to severely dependent on alcohol and/or other drugs, and whose lives are in a state of unmanageability such that the consequences of their continued use of chemicals would be damaging to their lives or the lives of others. To assist in the recovery of adult men and women experiencing the difficulties in dealing with two chronic illnesses simultaneously – mental illness and substance use disorders. Includes developing knowledge and understanding of both illnesses and a deeper insight into the interactive effects of the two.

CONTENT: A complete spectrum of current thinking and tested knowledge concerning the physical and emotional factors of addiction and the dynamics of recovery will comprise didactic presentations by staff; discussion of Twelve Step self-help principles will be a part of client interaction. Use evidenced best practices group curriculum, "Living in Balance" cognitive therapy group sessions. Counselors facilitate group discussion as clients work toward a thorough understanding of the disease and its effects upon their mental, emotional, spiritual, and physical lives.

MEDIUM: Lectures, presentations, written exercises, self-examination, Videos, group work.

ADDITIONAL INFORMATION: Client contact minimally involves group participation three times weekly, three hours per day. Individual counseling, case management, crisis intervention, and ongoing assessment may be a part of intensive outpatient treatment depending on individual client need. The staff to client ratio of the program's Intensive Outpatient Program does not exceed one staff service provider for every twelve clients. Qualified clinical staff will be present to maintain that ratio in the event of regularly assigned counselors' absence.

LOCATION: Mentor, Painesville and Chardon

RELAPSE PREVENTION GROUP

PURPOSE: To assist clients addicted to alcohol or other drugs in developing the necessary skills to maintain sobriety. To increase the clients' awareness of personal relapse patterns and behaviors, and to assist them in developing effective relapse prevention plans.

FOR WHOM: Adults who have previously had primary treatment for addiction to alcohol or other drugs and have relapsed after maintaining at least 6 months of abstinence.

CONTENT: Review of information, understanding and knowledge of the disease and recovery process of chemical dependency. Counselors facilitate group therapy process as clients learn, develop, and practice skills to maintain abstinence.

MEDIUM: Lecture, Videos, assignments, self-examination, and group process work.

ADDITIONAL INFORMATION: Meets once weekly, three-hour sessions.

LOCATION: Mentor and Painesville

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

DRUG SCREEN URINALYSIS and ALCOHOL SALIVA SCREENING SERVICE

PURPOSE: To detect the presence of alcohol/other drug use. The intent of drug testing of our clients is to support our clients in working towards abstinence. Drug testing our clients will be completed in a respectful manner and are random, or due to suspicion of use, or for medical reasons related to their involvement in Medication Assisted Treatment

FOR WHOM: Adult clients engaged in agency services or others upon request. Federal drug testing is available upon request.

CONTENT: Clients participating in treatment services will be required to complete random drug testing, scheduled by agency staff. Drug and alcohol testing may also be requested by social service agencies, employers or those companies participating in Drug-Free Workplace programming for reasons of pre-employment, post-accident or reasonable suspicion, or by individuals. Chain of custody procedures will be observed.

MEDIUM: Drug screen urinalysis, 12 panel quick test, alcohol saliva testing (D.O.T. approved), breathalyzer.

ADDITIONAL INFORMATION: Available by appointment, 8:30 am to 4:30 pm, Monday thru Friday, or by special arrangement of Agency staff for its clients. Payment is due and payable before sample taken (sliding fees available for clients engaged in treatment services at Lake-Geauga Recovery Centers). Medical Review Officer's services are available for review of non-client positive screens.

LOCATION: Mentor, Painesville and Chardon

EDUCATION PROGRAM

PURPOSE: To increase knowledge and awareness of the disease concept for individuals who are beginning to suffer harmful consequences from their use of drugs and alcohol. An overview of the negative impact of substance use in their lives as well as the lives of others is presented, giving individuals the opportunity to explore healthier lifestyle choices. This program allows each participant to look at their own substance use, and the risks and possible consequences of continued use. It also provides an opportunity for the participant and counselor to evaluate behavior and use patterns, to determine if a higher level of care is needed.

FOR WHOM: Individuals age 18 or older, referred by their employer, school, other agency or professional, criminal justice system, family or self-referred, who do not meet the DSM-V criteria for substance abuse or dependency. These individuals have likely experienced negative consequences due to their use of alcohol or other drugs, and may have had no prior treatment experience.

CONTENT: Basic information about substance abuse, dependency and the recovery process.

MEDIUM: Lectures, films, discussion and written assignments.

ADDITIONAL INFORMATION: The program meets once per month for eight hours. The program is supported by participant fees.

LOCATION: Mentor

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

MEDICATION ASSISTED TREATMENT

PURPOSE: Medication Assisted Treatment (MAT) and ambulatory detox services for opiate addicted individuals, as well as for those struggling with alcohol cravings. Ambulatory detox services are designed specifically for those with an opiate addiction and provides non-narcotic medication to assist with the extremely uncomfortable but not life threatening symptoms of withdrawal. LGRC's nurse practitioner administers Vivitrol (an extended release form of the generic medication naltrexone) or prescribes Suboxone to opiate use disorders clients. Naltrexone (Vivitrol, extended release form/shot of Naltrexone) could also be administered to clients who are experiencing alcohol cravings. Utilizing a medication assisted treatment program, Naltrexone (Vivitrol, extended release form/shot of Naltrexone) or Suboxone with intensive treatment services to assist clients in becoming aware of their self-destructive behaviors resulting from their substance use, gain knowledge as to the pervasive nature of the disease, and to increase client's readiness to change and adopt an abstinent lifestyle.

FOR WHOM: Adult men & women who are medically stable enough to participate in medication assisted treatment and/or ambulatory detoxification as assessed by agency's nurse practitioner or consulting doctor.

CONTENT: Interested individuals will first present at Lake-Geauga Recovery Center's Mentor Outpatient office in order to complete an intake. This can occur during the regular walk-in intake hours, or an intake interview can be scheduled. Licensed counselors will meet with the individual, including assessment of their current stage of withdrawal and readiness to engage in treatment services. Individuals who would benefit from ambulatory detox will then be referred to LGRC's nurse practitioner where they will be medically assessed and prescribed a seven day protocol of medications for symptom control of opiate withdrawal.

MEDIUM: Medications and treatment services.

LOCATION: Mentor, Painesville, Chardon

GRIEF SUPPORT GROUP

PURPOSE: Provide a free open ended group for individuals to assist grieving families and significant others needing support and resources to assist them with their grief of losing loved ones to addiction and/or substance abuse.

FOR WHOM: The group will be open to the community's residents who are seeking support and resources to assist them with their grieving process due to a loss of a loved one. Participants will not be required to complete an intake or assessment and may attend as often as they like.

CONTENT: Our licensed addiction counselor and volunteer peer support individual will assist group members in identifying, processing and moving through stages of grief, offer education and support regarding the disease of addiction, and provide strength and hope to these bereaved families.

MEDIUM: Education and group discussions.

ADDITIONAL INFORMATION: This program is offered once weekly for 2 hours each session.

PEER RECOVERY SUPPORT SERVICES

PURPOSE: To assist individuals as a Peer Recovery Supporter and serve as a role model, mentor, advocate and motivator to recovering individuals to help prevent relapse and to promote long term recovery.

FOR WHOM: Adult men and women, who are concerned about their use or abuse of alcohol or other drugs

CONTENT: To provide both group and individual peer support within treatment programs; assist clients to get to needed and requested recovery support activities such as community based, mutual self-help groups; provide any needed support services in the community that includes; area hospitals, emergency rooms or jail settings; provide a model for both people in recovery and staff by demonstrating that recovery is possible; assist individuals to identify their personal interests, goals, strengths and weaknesses regarding recovery.

MEDIUM: Individual and group

LOCATION: Mentor, Painesville and Chardon

Lake-Geauga Recovery Centers, Inc.
Outpatient Services Program Description

TOBACCO CESSATION SERVICES

PURPOSE: To assist individuals who are smoking or using tobacco products in developing the necessary skills to stop. To increase the individuals' awareness of personal use patterns and behaviors, and to assist them in developing an effective plans surrounding their goals, connect with additional resources and discuss the possibility of Nicotine Replacement Therapy (NRT).

FOR WHOM: Adults who have a desire to stop or decrease their use of tobacco products.

CONTENT: Licensed therapists provide one on one sessions using a curriculum workbook to assist in balancing decisions, knowing triggers and patterns, creating a personalized quitting plan, coping with withdrawal, managing emotions, building healthy living skills, identifying sources of support and creating a relapse prevention plan.

MEDIUM: Discussion, workbook, videos, assignments, meditation and visualizations, self-examination, and individual process work.

ADDITIONAL INFORMATION: Meets once weekly for an hour four about 8 weeks, can be adjusted based on individualized need and/or insurance eligibility. Can discuss options for NRT based on insurance coverage or ability to self-pay.

LOCATIONS: Mentor, Painesville, Chardon

ANGER MANAGEMENT INTERVENTION

PURPOSE: To help individuals who have a difficult time controlling their anger by teaching them tools to identify anger cues and triggers along with diversion techniques. To increase the individuals' awareness of their personal patterns and behaviors regarding anger, and to assist them in developing an anger control plan.

FOR WHOM: Individuals age 18 or older who have a desire to better control their anger. May be used to fulfill requirements through courts for anger management classes. Individuals may be referred by the criminal justice system, employer, school, other agency or profession, family or self-referred. This class is **not** a replacement for anger management therapy.

CONTENT: Prevention Specialists will provide group classes using an evidenced-based curriculum workbook to assist in recognizing personal anger cues and developing an anger management plan. Concepts will include how past learning can influence present behavior as well as the aggression cycle and how to change it. Additionally, consumers will learn and practice anger management tools including relaxation, communication skills interventions, cognitive restructuring, and assertiveness training.

MEDIUM: Discussion, workbook, assignments, relaxation techniques, and role plays.

LOCATIONS: Chardon

ADDITIONAL INFORMATION: Meets once weekly for an hour and a half for 5 weeks. Start date is dependent on schedule rotation. Certificates will be given upon completion of all 5 sessions.

Lake-Geauga Recovery Centers, Inc.
Residential Treatment Program Description

The agency operates four long-term, non-medical residential treatment facilities, two for women and two for men. For women, the 16-bed facility, Oak House is located at 800 Oak Street, Painesville, Ohio. For women, the 6-bed facility, Nevaeh Ridge is located at 9652 Old Johnny Cake Ridge, Mentor, Ohio. For men, the 16-bed facility, Lake House, is located at 796 Oak Street. For men, the 16-bed facility, Concord Pines is located at 7301 Ravenna Road, Concord Twp. The residential treatment facilities are in close proximity public transportation. Churches, YMCA, community 12 Step Meetings, stores and social services are all within walking distance. The facilities are open 24 hours a day, seven days a week. Staff will document that they are awake and supervising residents' activities 24 hours a day.

The environment is home-like at these facilities. Except for discreet office spaces, homes have been maintained with home furnishings and appliances, but also meet local and state requirements for group treatment facilities. Efforts have been maintained to accommodate handicapped individuals, and women and men with dependent children ages 0 to 3. (No accommodation for children for Concord Pines).

The admission criteria for clients who wish to enter residential treatment are as follows:

- a. Willing to stay in treatment for (possibly as long as and as long as medically necessary) at appropriate level of care based on ASAM criteria and motivated to participate in the treatment process.
- b. Ambulatory and capable of self-care and safe egress in case of fire or other emergency.
- c. Emotionally capable of dealing with the stress that accompanies changing addictive behaviors, and able to participate and fully benefit from the treatment program.
- d. For Oak House and Nevaeh Ridge, admissions are prioritized according to the following: pregnant women, IV drug users, women with dependent children, and women of child-bearing age.

Clients who meet the admission criteria follow a treatment program schedule, which has been designed to meet the needs of clients who have progressed in the severity of their substance use disorders. These clients are assessed to determine their need for residential treatment according American Society of Addiction Medicine (ASAM) Levels of Care. Our treatment programs allow clients the opportunity to progress in phases through treatment, and build a solid foundation of recovery that is tailored to the needs of each individual. The Ohio Department of Mental Health and Addiction Services certify facilities as Residential Treatment, Halfway House Treatment and Outpatient Treatment programs, thus offering clients a full continuum of services. Motivational Interviewing, Cognitive Behavioral Therapy and Living In Balance are the evidence-based practices of choice utilized in residential treatment.

For clients entering our residential treatment services, their advancement through this phase of treatment will vary with each individual. During residential treatment, 30 hours of alcohol/drug addiction services will be provided to clients per week. This ASAM Level 3.5 is called Clinically Managed High-Intensity Residential Services for adults, this level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Clients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3.5 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. The program will provide clients with understanding and recognition of the severity of their addiction. Once they can demonstrate such understanding and recognition, clients will be provided an opportunity to develop tools to assist them in acquiring and maintaining sobriety.

During the course of residential treatment, services includes: assessment, individual counseling, case-management, crisis intervention and group counseling. Group counseling for residents includes: Life Skills, GED Study (if appropriate), Therapy Group, Family Group, Community, Big Book Discussion,

Personal Awareness and Development Skills (PADS), Relapse Prevention, Lecture, Sexuality, Steps Group, Parenting Skills, Spirituality Group, and Domestic Violence & Abuse Group, Peer Recovery Support services. Peer recovery services will vary from one peer to another, and may include action plans and solving problems directly related to recovery such as finding sober housing, making new friends, finding new uses for their spare time and improving one's job skills. Peer Recovery Supporters encourage, inspire and empower others to set recovery goals and achieve them. Lake-Geauga Recovery Centers collaborates with a number of community resources for the provision of services, including child day care, immunizations, infant mental health services, pre-natal care, and others. In addition, we employ a full-time case manager to assist clients in accessing community resources. All clients are expected to attend Alcoholics Anonymous or Narcotics Anonymous meetings in the community on a daily basis. The treatment program has been designed to ensure that the resident is being provided an opportunity to demonstrate an understanding of and application of basic addiction recovery concepts before moving on to addressing more complex recovery issues.

Family counseling services shall be made available to the families and loved ones of residents. Family services are strongly encouraged and family members may be asked to participate in outpatient treatment or family groups in order to have visitation with clients. There is no fee for the Family Awareness Group that is held at our Mentor and Chardon outpatient offices. Individual family counseling sessions may be scheduled by the Residential Treatment counselors or Family Counselor as necessary. Residential Treatment counselors shall make every effort to refer out of county families to family counseling services near their place of residence.

All residential treatment clients will be provided on-going individual counseling at least on a weekly basis. Individual counseling will include treatment planning, case-management, and supportive counseling in areas of recovery as well as individual client education on alcohol and drug addiction as needed. Clients, who have had prior substance use disorders treatment and have been assessed as having adequate understanding and recognition of the severity of their substance use disorder, will still be expected to follow the treatment schedule. Treatment plans and methods are individualized to address the needs of residents in the most appropriate manner. The treatment program schedule has been designed to provide residents with a structured, nurturing environment in which the client can develop the skills, insight and support necessary to achieve long-term sobriety.

Clients that have been involved in residential treatment ASAM 3.5 Level (individualized based on their progress) or meet the ASAM 3.1 Level of care and have achieved treatment plans goals related to their recovery, are eligible to seek paid employment. At this point, they would move into the halfway house phase of treatment. Four beds at Lake House and four beds at Oak House are designated as halfway house beds. Clients participating in halfway house treatment are provided at least 10 hours of structured services per week and are expected to attend all program activities when not scheduled to work. They must arrange work schedules which enable them to participate in group therapy, individual counseling and to attend self-help meetings. ASAM Level 3.1 called Clinically Managed Low-Intensity Residential Services, this adult level of care typically provides a 24 hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week. Level 3.1 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.

A significant part of residential treatment is assisting clients prepare for re-entry into society. Counselors and treatment team, along with input from client, will develop an individual treatment plan that will address their needs for housing, relationships, vocational training, child care, education, mental health and physical health. Inherent in meeting the personal and social needs of each client is the daily process and dynamic of living in a supportive, safe environment where newly acquired behaviors and social skills can be acquired and tested, further enhancing recovery after treatment. Residents are responsible for day-to-day housekeeping and community living activities as part of the program of daily living skills. Such

activities are intended to instruct clients in self-care and improve their abilities to maintain household responsibilities in their own home environment.

Discharge and continuing care planning for all clients begins early in residential treatment in order to facilitate and support the re-entry of recovering individuals to the community as functioning, independent citizens. In preparing for discharge, the client, significant others and the primary counselor will meet as needed to address transitional issues following treatment. Treatment staff, case manager, peer recovery supporters and volunteers help to prepare each client with the tools and skills necessary to address their needs so they can live a healthy and happier lifestyle in society. When the client and treatment team have decided that treatment goals have been sufficiently addressed, the primary counselor will coordinate the implementation of the continuing care plan. The continuing care plan will include appropriate referrals to other community resources to address any unmet needs, including aftercare treatment programs. Referrals to available community resources may include, but is not limited to:

Extended Housing	Crossroads Health
Lake County Free Clinic	New Directions for Living
Lake & Geauga County Health Depts.	Family Planning
Lake & Geauga County Job & Family Services	Ravenwood Mental Health Center
Signature Health	Lake County W.O.R.K. Program (Guidestone)
Big Brothers/ Big Sisters	Legal Aid
Laketrans	

Clients are encouraged to participate in our residential outpatient aftercare program. Our residential treatment counselors will provide group counseling/support to former residents in early recovery. Aftercare groups are offered at both Lake House and Oak House. And at Nevaeh Ridge and Concord Pines clients will attend Aftercare group at one of our outpatient programs. As part of measuring program effectiveness (part of agency Quality Assurance/Quality Improvement Plan), former clients are contacted every three months for a one year period after discharge to determine the status of their sobriety and if they believe that the quality of their lives have improved.

No clients shall be admitted to residential treatment whose physical or mental condition inhibits their ability to participate in a non-medical residential treatment program. A person denied services may appeal according to the Center's grievance policy and procedure. When, during the course of treatment, it becomes apparent that a client cannot benefit from the services provided by Lake-Geauga Recovery Centers' Residential Treatment Program, discharge proceedings shall commence and referral made to other appropriate agencies. Administrative discharge shall be the responsibility of the Residential Treatment Manager with input from residential counselors and staff, and the Chief Operating Officer when possible.